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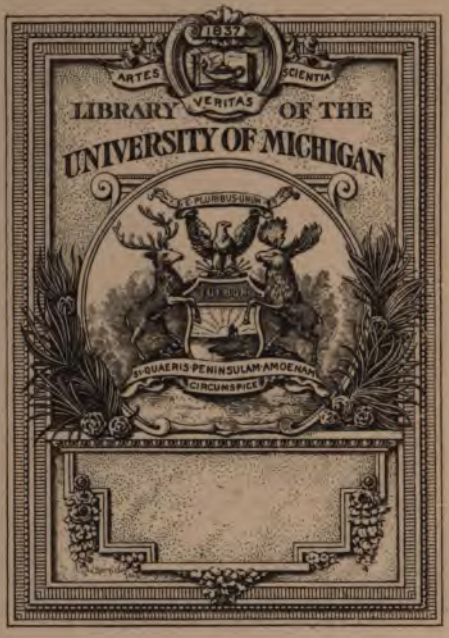
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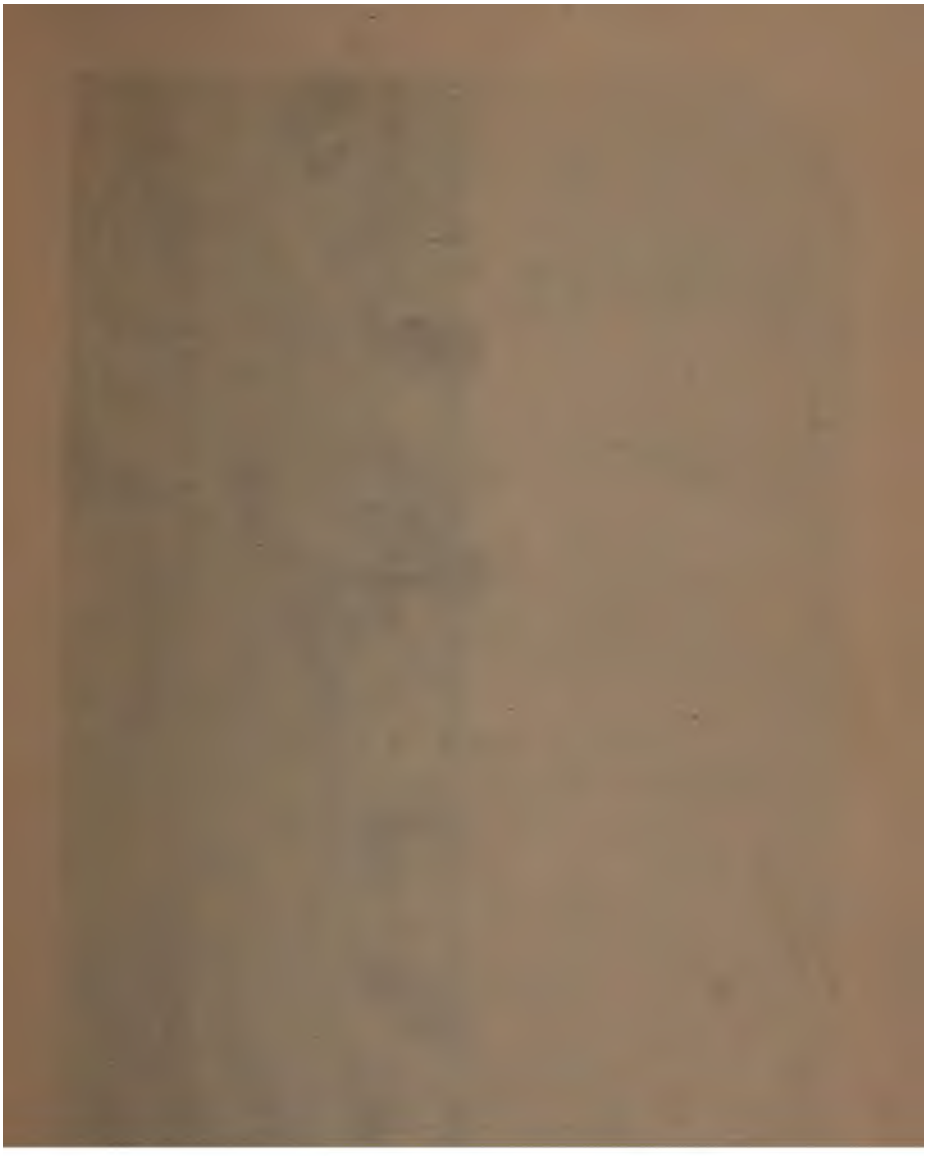
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AND

THE COLLATERAL SCIENCES,

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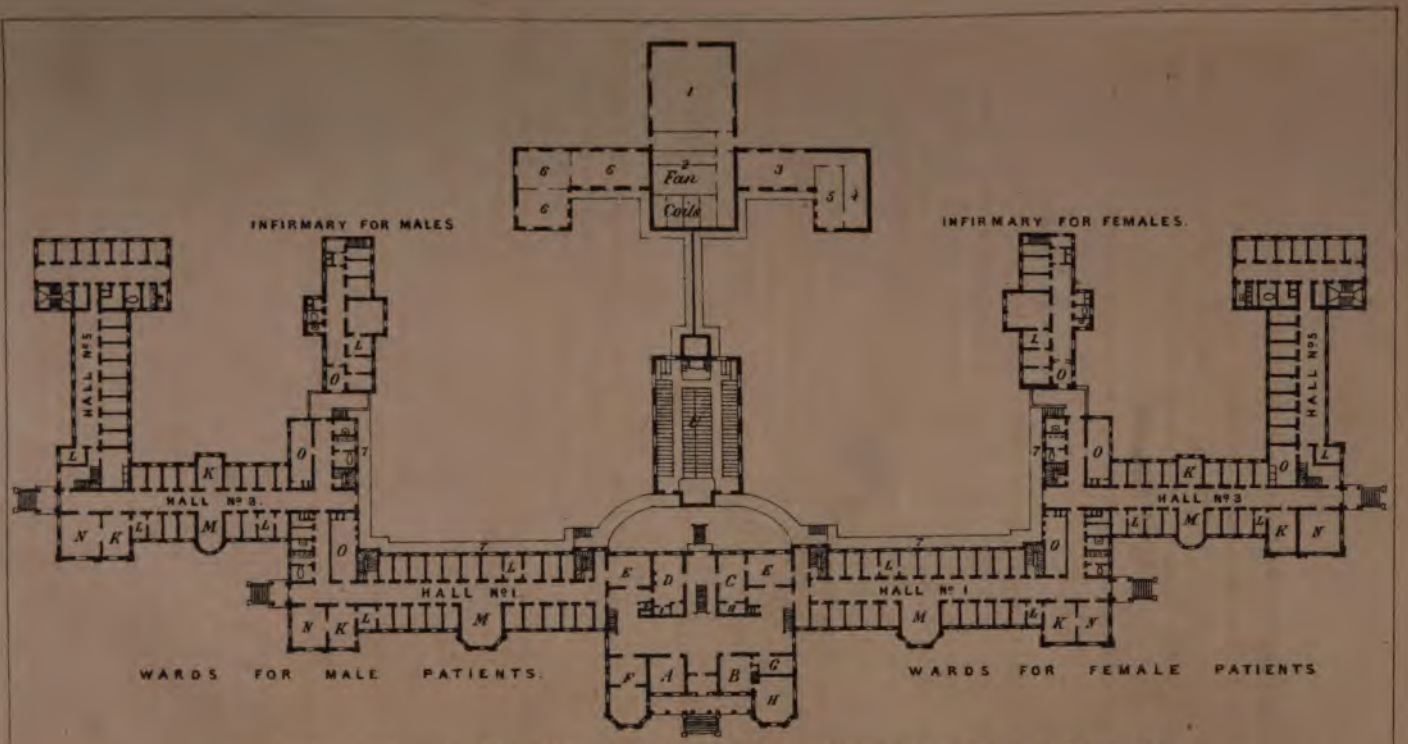
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ORIGINAL COMMUNICATIONS.

ARTICLE I.

Case of Gun Shot Wound of the Stomach.

BY CHARLES S. TRIPLER, SURGEON U. S. ARMY.

In the aggregate number of wounds received in battle, it is fair to presume that no inconsiderable proportion will involve the stomach. When a General can choose his time for engaging the enemy, he will be careful to secure to his men a good meal before hand. Men, generally, go into action with the stomach well filled. Occupying, as it does under these circumstances, so large and so central a space in the body, it can hardly escape in the indiscriminate lesions consequent upon a well directed fire. And yet, few military surgeons have seen many cases. Hennen says he never treated one. Sir George Ballingall, though giving some most judicious observations upon the nature and treatment of these wounds, does not say that he had ever treated one. Larrey, in his campaigns in Russia and France, makes no mention of any. I am not in possession of his other volumes. Gibson reports no case in his surgery. Mr. Alcock, as quoted by Ballingall, saw but one recovery from a gun-shot wound of the stomach out of 3000 cases of gun-shot wounds. Thomson saw two recoveries after the battle of Waterloo.

There can be but one reason for all this—that is, that this lesion is almost invariably and speedily fatal. The stomach is so important

an organ in its functions, in its relations, and its nervous connections, that it will rarely bear so severe an injury as that of a gun-shot wound. Hennen remarks, "Baron Percy calculates that out of twenty cases, four or five only have escaped; this, however, is a most favorable average." Sir G. Ballingall thinks Percy has abundant reason to be satisfied with his success, and that the experience of others will hardly warrant us to expect a like result.

A just prognosis as to the issue of gun-shot wounds of the stomach cannot be deduced from the result of penetrating wounds from other causes, whether accidental, or due to operations for the extraction of foreign bodies. The circumstances are altogether different, and, in the latter case, time, place and other accidents can all be commanded. The gun-shot wound, on the other hand, partakes of the nature of a violent blow upon the stomach, a circumstance of itself frequently fatal, its extent is greater than most other penetrating wounds, its shape irregular, its situation as likely to be the most unfavorable as any other, and, in general, the time of its infliction will be when the stomach is distended with food. So, that it appears to me, that even when the sufferer reaches the hospital alive, the most unfavorable prognosis is the only prudent one in every case.

I have seen two cases of gun-shot wounds of the stomach. The first was a Mexican soldier, who fell into our hands at Enceno after the battle of Cerro Gordo. This poor fellow had a frightful wound from a musket ball toward the pyloric extremity of the stomach. He was in excruciating agony, with burning thirst, great prostration, but with the mind perfectly clear. Every drop of water given him, escaped immediately from the wound. There was no vomiting or retching in his case after I saw him. He lived nine hours from the time he was wounded.

The second case came under my care while I was serving in San Francisco, Ca.; being one of great interest and terminating favorably. I will now proceed to report it in detail.

On the 3d June, 1854, I was called to see my friend Dr. R. B. Cole who had accidentally shot himself. This gentleman was one of the proprietors of a superb apothecary's establishment, such as is seen only in San Francisco. He had been recently the subject of a tedious and exhausting malarial fever, was convalescent, and for change of air was about to make an excursion into the country for a few days. Whilst engaged in the back part of his store, in transferring some changes of clothing from one trunk to another, he took a loaded six-barrel pistol and thrust it carelessly, muzzle foremost,

into the watch pocket of his vest. Then, as he stooped over again, the weight of the weapon caused it to fall from his pocket upon the marble floor, exploding one barrel, and the unfortunate gentleman fell, merely saying "I am shot." While the messenger ran for me, the Doctor was raised from the floor and carefully placed upon a sofa that was at hand. I saw him certainly within five minutes of the occurrence, probably less. He was pulseless, pupils dilated, no sign of respiration, no vibration even of the heart, lips blue, countenance colorless, body relaxed. I opened his shirt and found a wound over the cartilages of the seventh and eighth ribs on the left side within about an inch of the sternum. Introducing the point of my little finger, it passed obliquely upward, and became engaged in an irregular opening in the cartilage of the sixth rib. Not being then aware of the position of the patient at the time he received his wound, and judging from the relative direction of the perforation in the integument and that in the cartilage, I inferred the ball had passed upward, inward and backward, traversing the heart, and that the man was dead.

While asking some questions naturally suggested by the accident, I observed a faint effort at inspiration. I gave immediately a teaspoonful of brandy, and had the pleasure of finding it was soon swallowed, and another feeble inspiration succeeded. By perseverance in the cautious use of brandy and ammonia, respiration was re-established, and in about ten or fifteen minutes, consciousness returned and with it the mind perfectly clear. Still, no pulse could be felt at the wrist—an occasional feeble and irregular fluttering of the heart could be detected.

By this time, quite a number of physicians had clustered about the patient. I had no little difficulty in preventing some of them from turning the wounded man over, to see where the ball had come out. It was obvious that the slightest motion under the circumstances must have caused a recurrence of syncope, and might have been fatal. I could not comprehend of what possible consequence it was, what had become of the ball, and I could not agree that the feeble flickering of life remaining should be extinguished for the gratification of an unscientific curiosity.

Drs. Bertody, Stout, Mott and Hewit, of San Francisco, all personal friends of the patient and of myself, were now present, and united with me in counsel and exertion to do whatever was rational or necessary in the case. These gentlemen most kindly assisted me throughout the treatment; for the first three nights and days, one of

us was constantly in attendance, and subsequently at intervals of not to exceed a half hour until all danger had passed.

It had now become plain that the heart was not the seat of the internal lesion. What was its probable seat? The signs were those of nervous shock and hemorrhage, the prostration was extreme, the pulse continued feeble and fluttering, and frequently interrupted entirely for seconds at a time. We now knew from the patient himfelf how the accident occurred, and what was his position when he received the wound. His trunks were upon the floor, and while he was stooping very far over, the pistol fell from his pocket. It was evident that, in this position, the wounded point of integument was in relation to a very different subjacent point of cartilage from that it occupied in the erect or supine position of the body; and that, therefore, the relative direction of the wound in the integument and that in the cartilage afforded no reliable indication of the true course of the ball. The only other independent element for determinating this would have been the direction of the axis of the weapon, when it was discharged. This, of course, could not be ascertained, and the rational symptoms alone were left to guide our judgment. The possibility and probability of wound of the stomach early suggested itself, and the prognosis was, accordingly, most unfavorable.

By the cautious and persevering exhibition of stimulants and maintaining absolute negation of muscular effort, in about two hours, the heart's action was re-established though still very feeble and irregular. Any attempt to determine the number of pulsations would have been useless, as they were no two minutes alike.

The patient began to be restless and to feel some nausea. We were careful not to introduce a greater volume of fluid into the stomach than was absolutely necessary, as we feared the exhaustion to be expected from the exertion of vomiting. By dint of great effort on the part of both surgeon and patient, this was kept at bay for another half hour, when it could no longer be restrained. The patient turned his head aside, and while the body was supported, ejected from his stomach a coagulum of blood of about twelve ounces. The case was then solved. The stomach was the wounded organ. In what part of this was the probable seat of the injury?

Half an hour before the accident, he had eaten a light lunch not exceeding four ounces in bulk. No fluid had escaped from the external wound. The hemorrhage into the stomach, which must have been instantaneous, was large. The position of the wound was far above the pyloric extremity of the stomach. The probabilities were

therefore, that the wound was in the cardiac portion, and this was one circumstance in our favor. On the other hand, the fact of the stomach being wounded at all, the debilitated and irritable condition of the patient, the effect of antecedent disease, his nervous lymphatic temperament, his anxiety as to the result, aggravated by family responsibility and instructed by professional acquirement, all combined to suggest the most gloomy forebodings. The occurrence of hiccup a few minutes after the vomiting did not tend to quiet our apprehensions. Fortunately, this symptom soon subsided and gave us no further trouble throughout the case.

The plan of treatment adopted and rigidly adhered to, was perfect rest and quiet, the patient to be kept narcotized with Morphia, nothing to be taken into the stomach except the water in which the Morphia was dissolved and that from the small pieces of ice with which the mouth was cooled, nourishment, when required, to be by enemata of beef tea. It was not intended that any evacuation of the bowels should be solicited for several days. I remained with him that night, and gave him from a quarter to half a grain of Acetate of Morphia, whenever signs of restlessness appeared. He had quite a comfortable night, and by morning, there was an encouraging improvement in all the signs. I left him at 9 A. M., June 4th, having just administered half a grain of Morphia in a drachm of water. From that time till June 12th inclusive, the following is a correct record of the quantities of Morphia and beef juice exhibited, and the time each portion was given.

June 4th,	12.15	P. M.	Acet. Morph., gr. ¼.
" "	2.5	"	" " gr. ½.
" "	10.00	"	" " "
" 5th,	3.00	A. M.	" " "
" "	8.00	"	" " gr. ¼.
" "	2.30	P. M.	" " gr. ½.
" "	8.00	"	" " "
" "	11.45	"	" " "
" 6th,	4.00	A. M.	" " "
" "	12.45	P. M.	Beef Tea, 2 ounces, by enema.
" "	1.40	"	Acet. Morph., gr. ½.
" "	6.00	"	Beef Tea, 2 ounces, by enema.
" "	10.40	"	Acet. Morph., gr. ½.
" 7th,	9.30	A. M.	" " gr. ¼.
" "	10.30	"	" " "
" "	"	"	Beef Tea, 2 ounces, by enema.
" "	5.30	P. M.	" " " " "
" "	"	"	Acet. Morph., gr. ½.
" "	10.00	"	" " "

June 8th,	2.30	A. M.	Acet. Morph., gr. ½.
" "	12.30	P. M.	Beef Tea, 1 drach., by mouth.
" "	2.30	"	" " " " "
" "	5.30	"	" " " " "
" "	"	"	Acet. Morph., gr. ½.
" "	12.00	"	" " "
" 9th,	5.30	A. M.	" " "
" "	9.00	"	Beef Tea, 4 ounces, by enema.
" "	2.15	P. M.	Syr. Acacia, 2 drach., by mouth.
" "	3.15	"	" " " " " "
" "	9.45	"	" " " " " "
" "	10.45	"	Beef Tea, 4 ounces, by enema.
" "	"	"	Acet. Morph., gr. ½, in Syr. Acacia.
" 10th,	3.30	A. M.	Beef Tea, 3 ounces, by enema.
" "	8.30	"	" " 4 " "
" "	10.30	"	" " 2 drach., by mouth.
" "	11.30	"	" " 3 " "
" "	3.00	P. M.	" " 1 ounce, "
" "	8.30	"	" " 1 " "
" 11th,	9.00	A. M.	" " 1 " "
" "	10.00	"	" " 1 " "
" "	3.00	P. M.	" " 1 " "
" "	5.00	"	" " 1 " "
" "	7.00	"	" " 1 " "
" 12th,	9.00	A. M.	" " 1 " and one egg.
" "	1.00	P. M.	One egg.
" "	6.00	"	Cream, half ounce.

All of these prescriptions were administered in the presence of one of the surgeons in attendance; the time and quantities of the opiate being determined by the condition of the patient. Simple dressings were applied to the wound. Under this treatment, the progress of the case was perfectly satisfactory, and, at the date of the last prescription recorded, the patient was considered out of danger.

The first attempt to administer nourishment by the stomach, was made on the 8th, at 12.30 P. M., five days after the accident. One drachm of carefully prepared beef juice was then given. Some pain followed its exhibition. The same quantity was repeated two hours afterward, but with more pain. Another attempt was made in three hours more, but the pain was so severe we were obliged to desist, and to give a grain and a half of Morphia in the course of the night. A little syrup of acacia was given the next afternoon. Some pain was complained of at first, but the succeeding portion gave less. On the 10th, the beef juice was again tried cautiously, and it was found

the stomach would bear it. From this time, the diet was gradually improved, but solid food could not be borne for several weeks.

Seven weeks after the injury, I extracted the ball. It had lodged just under the integuments in the space between the angle of the ribs and spine on the left side, near the last dorsal vertebra. This wound remained open till the 15th May, 1855. There is now quite an enlargement of the wounded cartilage at its junction with the sternum and extending toward the left nipple. The patient has been a great sufferer, and has frequently been obliged to support himself by crutches in his walks. In January, 1856, when I last saw him, he was apparently in very good health and had almost regained his usual flesh. He tells me that after a full meal, he feels the stomach dragging upon the ribs, and is sure it is adherent to their inner surface.

This case affords an example of the great value of the *defensive* use of opium in lesions of the abdominal viscera, or wherever inflammation of the serous tissues is to be apprehended. Considering how illy prepared this patient's constitution was, to withstand so severe an injury, I think I am justified in believing that, without the prophylactic use of opium, gastritis and peritonitis must have supervened, and in all probability would have proved fatal. In similar cases, I think it will be found easier to anticipate these accidents by the free use of opium than to remedy them by the most judicious treatment after they shall have set in.

It is further to be observed in this case that, by the constant use of the Morphia, the patient never felt a sensation of hunger, and was thus enabled to bear the protracted abstinence required without any aggravation of the existing irritability of his system.

ARTICLE II.

Iodide of Potassium in Lead Poisoning.

BY C. R. CASE, M. D.

MESSRS. EDITORS:—Having had extended opportunities for treating diseases resulting from the introduction of lead into the system, I have thought it would not be amiss to recite a case, which is but one from many, showing conclusively to my mind that great reliance can be placed upon an article in the Materia Medica which, though in

general use in the treatment of many diseases, has not, I believe, bee much resorted to in the treatment of lead poisoning. I refer to th Iodide of Potassium.

But to premise a little, it may be well to give a synopsis of th history of the diseases induced by lead.

The first account we have on record of Colica Pictonum, the mos common disease resulting from lead, is I believe from Hippocrate next by Nicander, Celsus and others, so that this disease is of know ancient origin, and probably existed a long time earlier than we hav any record of. But equally true is it that it was imperfectly under stood by them, and was only attributed to the direct introduction o lead as taken by mouth.

Not much attention was attracted to this disease, (or these diseases,) until the seventeenth century. Many tracts were then published stating as nearly as could be learned an account of the manner of the introduction of lead into the system, its eradication, &c.

It was reserved for the writers of the eighteenth century to more fully direct the attention of the profession to this subject. It has been known for a long time that lead may be introduced into the system in various ways, and by each of these means its specific effects produced: 1st, one great source is from drinking wine into which lead has been put to retard acetous fermentation; 2d, by medication, or by the use of lead in the treatment of other diseases; 3d, by inhalation, &c. (vide Tanquerel and others.)

The means that have been resorted to in the treatment of diseases having their origin in the lead introduced into the system, are numerous and varied—chemical, antiphlogistic, calming, revulsive, purgative, &c., all of which are familiar to the profession, and the benefit derived from each, so that I need not to recapitulate their different histories.

Having faithfully tried the various means generally made use of, and not meeting the success I had first hoped, I was induced to try the Iodide of Potassium, (which may be considered under the head of chemical treatment,) and which up to this time I had never seen used. The good effects of this agent were in a short time so apparent that I was very well pleased with the change, and subsequent experience has confirmed the propriety of it in my first one.

The case I refer to, is a fair sample of the majority treated in a similar manner, though many were much more severe, and occurred in constitutions much impaired by hereditary diseases.

Daniel Donohoe, ætas 27, nativity Ireland, admitted into the New York State Emigrant Hospital, (Ward's Island, N. Y.,) 19th Sept. 1853, with Colica Pictonum.

Patient came to this country in June 1853. Patient's grandfather, father, four uncles and five brothers were all of them painters. The grandfather lived to an advanced age and never was sick a day in his life until a short time previous to his death. The father still lives at an advanced age, and works at his trade. Only one uncle has suffered from any disease resulting from his occupation.

Patient's first attack was two weeks after he landed in this city, and before he had been able to find any employment. Five weeks subsequent to the first attack, he was obliged to desist from work, suffering then from a violent attack of Colic, which however yielded readily to active treatment. His third attack and the one for which he is now under treatment, commenced just five weeks from the second. Patient was under treatment for a while in the city, was delirious for ten days previous to admission.

19th. Present appearances—patient is of medium height, sallow complexion, (blue eyes,) slight blue line along the margin of the gums, ecthyma about the face and shoulders, complete paralysis of the right arm, partial paralysis of the left, and almost complete loss of motion of the left leg. This has existed two weeks. Bowels regular having taken physic previous to admission. Treatment:

℞ Potassæ Iodid. ʒii,
Syr. Papav. ℥ii,
Aquæ Purae ℥vi,
} Table-spoon full ter in die.

20th. Complains of pain very severe in the right shoulder and left leg; otherwise easy.

21st. Pains less severe; bowels not having moved since admission. Ord. R. Infus. Rhei cum Soda two ounces.

23d. Bowels moved freely over the night of 21st; patient improving, pains easier; to continue Potass. Iodid.

26th. Pains entirely gone; patient can raise his left arm as high as his head, which he could not do on admission; right arm and left leg remain as at first.

28th. Griping pain in the bowels which have not been moved since 26th. Ord. Hydrarg. Chlo. Mitis. gr. viii, Pulv. Opii gr. i.

29th. Much easier; to continue Pot. Iodid. as before.

30th. Complains of pains moving up and down the right arm, but can now use it a little.

4th October. Rapidly improving.

8th. Can use all of his limbs, quite a good deal.

12th. Dresses himself.

18th. Walks about the ward.

23d. Walks about the island, but still continues the Iodide of Potassium.

25th. Discharged cured.

I attribute this rapid cure to the free use of the Iodide of Potassium, and do not consider this an accidental cure, for it is not an isolated one.*

ARTICLE III.

Case of Parturition in an Anæmic Female Followed by Death

MESSRS. EDITORS:—I do not know that the following case presents anything striking or worthy of publication. I leave it to your judgment. I did not take any notes of the patient's illness prior to her accouchement, and can give but a general outline of its history.

April 28th, was called to visit Mrs. H—. Was told on my arrival that she was far advanced in her third pregnancy, and had for some time been failing in health. Nausea and vomiting were very troublesome, almost entirely precluding her from taking nutriment.

There was œdema of the feet and ancles, and also of the face, with evidence of a deficient biliary secretion. At the time of my visit, she was laboring under the febrile paroxysm of an intermittent, which is quite prevalent now in this community.

As soon as the fever had somewhat subsided, I directed Quinine in small doses at intervals of two hours, with Ipecac in like proportions, a combination which I have found to induce diaphoresis and suspend the paroxysm without bad sequelæ, even though given at the climax of the fever. The next day, she presented a more favorable appearance, the œdema had subsided, the symptoms were indicative of returning convalescence, and as I did not wish to use mercurials, I prescribed the Taraxacum, with bark of Cornus Florida, and other tonic bitters, hoping by this to aid the digestive organs and prevent a return of malarious disease. I also directed three drops Acid. Nit.

* This is the treatment which has likewise been found so successful by Dr. Carson, for an account of which those desiring further information may refer to his Monograph on Diseases on the Heart from Lead Poisoning, noticed in the last number of this Journal. ED.

Muriat., to be given three times a day or oftener, should nausea again occur. The patient did not expect her confinement till June.

On the afternoon of May 2nd, she was taken with labor pains. The house in which she resided was an unfinished frame, incompetent to protect from the inclemency of the weather. A violent storm of rain came on, drenching the house and saturating the bed and clothing of the patient. Immediately after this, I was sent for and learning the fact of her exposure, felt no little anxiety but determined to wait a short time for the progress of events. On examination, I found the os uteri not dilated. The pains were regular but feeble, and soon ceased. The patient became sleepy, was with difficulty aroused and complained of great pain in the region of the larynx and tonsils. In less time than I am writing it, the power of deglutition was lost, and spasm of the glottis seemed to threaten immediate closure of the scene. Restricted to external means and not daring in her prostrated and anæmic condition to bleed; I applied mustard to the extremities, throat, and spine, and directed the attendants to sponge the patient in warm brandy. Deglutition partially restored, I twice administered tartarized antimony in ¼ grain doses, with the effect of producing vomiting and giving some relief. As typhoid symptoms rapidly supervened, I commenced giving Calomel in two grain doses every two hours, and applied a blister to the region of the larynx. Feeling it my duty as a young physician to ask counsel of an older member of the profession, I signified my wish to the friends, and in the afternoon of the next day had a consultation with Dr. Beck who resides in this vicinity. As he concurred in my views of the case, the Calomel was continued in two grain doses every two hours, combined with Ipecac and Camphor, alternated with infusion of Serpentaria. Frequent sponging with camphorated brandy was ordered. Under this treatment, some improvement was manifest. The liver resumed its functions, a distinct intermission was obtained, and Quinine was given, but the patient's strength beginning to fail, wine and carbonate of Ammonia were also used. The bronchial secretion became excessive.

In the evening of May 8th, she was again seized with labor pains, and visiting her, I found the bag of waters protruding at the vulva. The patient's pulse was weak and tremulous. Believing that labor was unnecessarily delayed, I ruptured the membranes. An enormous quantity of water flowed forth, and a small dead fœtus was soon expelled which began to exhibit marks of decomposition. From the hasty examination I was enabled to make, I judged it to be of

six months developement. No hemorrhage followed the expulsion of the fœtus, but water continued to flow for some moments. The pulse became more weak. The uterus remained large and flaccid, I grasped it through the abdominal parietes, and endeavored by frictions, and administering wine to rouse the flagging circulation, but in vain, a few minutes elapsed, and death closed the scene.

Was the parturition the immediate cause of death, or was it the precursor of approaching dissolution? I think the latter.

Flowerfield. J. C. JOHNSON, M. D.

ARTICLE IV.

Cimicifuga Racemosa.

I have thought that I could do nothing more interesting to myself, (though it might not be of much interest to the profession,) than to relate a few facts respecting the use of Cimicifuga Racemosa. It does not devolve on a brief memoir to give the botanical order, family, &c. of any indigenous plant we may wish to bring before the profession, when that plant is already described in the dispensatories or pharmacopœas in use.

The article above mentioned, which is the subject of this short memoir, is one of our most useful indigenous plants, and the attention of the profession should be drawn towards it. In this department of the Materia Medica the Eclectics are trying to carry off the palm. It is a fact not less strange than grave that the public are of that gross, ignorant simplicity as to believe that a regular physician discards from his Materia Medica the indigenous plants, &c. of the country. It is my impression that were more attention paid to this department of medical science in this country, rather than allowing all our teaching to be a mere reflection of *European minds*, the American practitioner, and especially the *Western*, would be the highest in the world as far as the real success in the cure of disease is concerned.

As I do not like long and tedious articles, I will be brief on what I have to say concerning the Cimicifuga Racemosa.

This plant which in common English is called the Black Snake Root or Black Cohosh, is, in my experience, far above the Veratrum Viride in the treatment of Pneumonia. Besides its influence in the

cure of Chorea, it is one of the greatest controllers of secretion I know of. If I may be allowed the latitude, I will state here that I believe all febrile and inflammatory affections to be the offspring of either *active or passive congestion.* The common learned parlance we have of saying what we do about equalizing the circulation, is resolved in the one idea of relieving congestion in its different forms. Pneumonia, whether it be sthenic or asthenic, active or typhoid, is dependent, as we all know, on an abnormal fullness of the capillaries of the lungs which gives rise to the dry sound or moist sound, according to the stage of the disease or finally, in, its height, to no sound at all. Some lungs are, as it were, seemingly, very predisposed to pneumonia, while others are as seldom, if ever, attacked that way. In a word, pneumonia as almost, if not all inflammations of organs, may be termed a suspension of the secreting functions, from a capillary fullness. I cannot believe that the first impression is made on any organ thus inflamed primarily, but rather, as a general rule, upon the capillary circulation through the nerves, respectively of chemical life or organic life, and this is especially true as regards typhoid or other fevers.

Now, as far as the operation of the Cimicifuga Racemosa is concerned, it is in connection with that great principle of the economy to equalize the circulation, or restore the normal secretions. On this score the Veratrum Viride operates on a rather reversed principle. The modus operandi of this latter medicine is primarily on the action of the heart itself, reducing its force or frequency by a reflex action on the pneumogastic nerves. This is a matter in the operation of the Veratrum Viride of no small moment to the practitioner for many reasons. 1st. Because it exercises the great influence of lowering the vital action, at the same time imparting no influence to equalize the capillaries, rather more putting quite a serious obstacle in their way from the depressed vital influence which must certainly be participated in by the capillaries. This is the more conspicuous from the character of the antidotes required in an overdose; of these opium stands the first, and the operation of this latter drug, aside from its narcotic properties, is that of a powerful equalizer of the circulation, hence its great use in congestive and pernicious fevers, attended with collapse, coma and cold sweats. The Cimicifuga Racemosa then has the virtues of opium without its narcotic properties. Opium would be a grand remedy in pneumonia, were it not for its narcotic properties. All who have been in experience any length of time, know the great good a full bleeding does in the outset of an attack of pneumo-

nia, when followed by a full dose of opium; but in the operation of the Cimicifuga Racemosa we are not of the necessity to advance its operation by phlebotomy, its primary operation being immediately on the capillary circulation and on the secreting organs, especially the lungs and uterus.

When taken into the system, no effect is perceived except that which we will naturally expect. I have known it to produce a full free flow of saliva, after it has been taken by the mouth eight hours. This criterion is a matter of great help in the diagnosis of pneumonia, from the fact that the lingual, buccal and maxillary secretions, after being suspended during its rise and acme, begins to return on the resolution of the inflammation. Indeed, I may say with confidence that, when both lungs are implicated, we have the dry, furrowed tongue, parched lips, hot breath, shriveled lips, and shrunken gums. These items alone would lead me, when fully manifest, to diagnose a severe attack of pneumonia, even before I performed percussion or auscultation, and this have I repeatedly done with success.

I will now give a list of seven cases of pneumonia treated with the Cimicifuga Racemosa.

The first case I treated with it, was one of marked severity, a double pneumonia in a youth of eighteen years of age, of rather weak constitution. When I saw him, he was then sick the fourth day; his case was one of well marked pneumonia. I put him on the Tartar Emetic till I found he had received no benefit from it. Then I tried the Veratrum Viride, afterwards the Acetate of Lead. The case assumed a desperate phase, and I began to feel somewhat alarmed about the issue. Finally, I thought to myself, after I had communicated my fears to his friends, that I would try a saturated Tincture of the Cimicifuga Racemosa. I ordered him thirty drops, to be taken every four hours. This was at 9 A. M. I could not see him till the next day 2 P. M., when, to my surprise, the pulse was stronger, but slower; countenance more natural and less anxious, and the crepitant sound began to return a little. On the next day I saw him, and I found that his saliva was profuse, and that the whole lung began to give. I then gave him some Quinine, two grains per dose, three times daily, with an anodyne in conjunction with the Cimicifuga Racemosa and the Hydr. Pot. He then speedily mended.

In the course of a few days I was called to see a case in which a single pneumonia of the left side was strongly developed. In this case I was determined to try my new remedy fairly and with certainty. The case was that of a female, forty years old, of rather weak habit.

I gave her fifty drops every four hours. The first marked symptom on her, was a return, although very limited at first, but profuse afterwards, of the saliva. On the third day crepitation was restored fully, and fever greatly abated, and with the use of Quinine and Hydr. Pot. she recovered.

The third case was that of a man, about thirty years of age, of full, robust habit. The pneumonia was then standing two days. The day I saw him, was the second of his confinement to bed. The Cimicifuga Racemosa was used during the first three days of the treatment with marked effect.

The fourth case was that of an aged man, some fifty years or more. He had been confined to bed four days when I saw him. His case was one of a well marked typhoid character. The right lung was consolidated, and the left only about a fifth from the base. His pulse was small and weak, his countenance haggard, eyes sunken, mouth parched up, tongue dry and cracked, breathing quick, *singultus*. To him I gave the Cimicifuga Racemosa, every two hours twenty drops. Twenty-four hours after he had taken it, he commenced breathing easier, and his countenance wore a less anxious appearance. His pulse was fuller, but not yet reduced in frequency. On the next day I was well pleased to find that the saliva began to return, and resolution was then at work. In ten days from the commencement of the treatment, this subject was able to leave his room.

It is now needless to relate the other three cases as they follow in the same effect. If you observe, the great mark in the treatment of pneumonia with the Cimicifuga Racemosa is the quick restoration after resolution commences. Its operation on the uterus is no less marked. I have treated a score or more cases lately of young girls whose menses have been suppressed for a longer or shorter period of time with full success. In menorrhagia it is of no less efficacy.

I submit these hints from, as I must acknowledge, a very limited experience, and if you should think them worthy of a place in your Journal, you are welcome to them. J. F. Adolphus.

Consumption of Quinine.—The Philadelphia *Medical and Surgical Journal* says that 300,000 ounces of Quinine are annually consumed in the United States, meaning, it is presumed, imported, as there are two very large manufacturing establishments in this country which prepare it on an extensive scale, and which are not included in the computation of the Secretary of the Treasury, from which the above estimate is derived. It is worth, at the present time, from $3 to $4 the ounce.

ARTICLE V.

Chloroform in Cynanche Trachealis.

SOUTHFIELD, May 2d, 1856.

DEAR SIR:—As much has been written on the disease called Cynanche Trachealis, or croup, and a variety of favorite remedies presented to the medical profession, which have excited the most ardent hopes for a short time, that something reliable had been discovered, which would not only inspire confidence in the physician, but remove the anguish of the sufferer, and dispel the terror and dismay that weighs down many an anxious parent; which hopes have mostly perished in embryo, it is with some diffidence that I present any thing on the subject fearing it may not sustain the confidence it has excited in my mind. I wish to report a recent case that came under my care, the treatment of which was entirely new to me (but, perhaps, not to others), and so perfectly agreeable to the patient and satisfactory to myself, that the merits of the remedy may be duly tested by the medical profession. The patient, a lad between four and five years of age, had what the parents called whooping cough, (but from their account rather a peculiar type or form, as also many cases that I have witnessed during the past winter) while they lived in Redford. The family came here about the first of April, two of the children exhibiting some symptoms of the remaining disease. On the evening of the 23th ult., the patient came in from play, with a severe cough which alarmed the parents. I was absent from here. They got at my office a composition, prepared with Lobelia Sem. Ant. Tart. Lard and Licorice, administered it through the night with no benefit. On the A. M. of the 24th, I saw him and found him with all the symptoms of severe croup, could only speak in a partial whisper, nervous system very irritable. Skin dry, considerable thirst, no cough of importance. The patient suppressing the effort to cough as much as possible. The shrill, whistling sound of breathing could be heard for two or three rods from the house. Bowels had not moved for 24 hours; tongue with brownish coating. Gave him about 15 or 20 gr. of Hyd. Sub. Mur., followed with a teaspoonful of Sal. Epsom. In the evening, bowels moved freely, and he appeared some better for a short time. Advised inhalation of vinegar and water, with the ordinary remedies. 25th at 3 o'clock, A. M., was called to see the patient, as they thought he was dying. Found him unconscious, with the eyes half open and turned upwards, head thrown back, respiration feeble and exceedingly difficult, trachea ap-

parently nearly closed up, pulse scarcely perceptible at the wrist, heart violently agitated, as if making its last struggle, extremities cold, &c. Under these discouraging circumstances, I concluded to try the effect of chloroform, in order to palliate the distressing symptoms and ease the patient through the portal of death. I put it on a handkerchief and placed myself by his side, allowing access to the air, holding it under the chin. In about ten minutes, the breathing was much relieved, the pulse became moderate and of fair strength at the wrist. The heart quite calm. I continued this about two hours, regulating the strength of the chloroform to the urgency of the symptoms. The patient seemed to fall into an easy slumber, the eyes closed; still the breathing was not natural, but so much improved that I began to feel some hopes of recovery. I left the chloroform in the care of the nurse, with instructions to use it sufficient to keep the patient quiet. Saw him again in the afternoon, found him with skin moist, and very much improved in strength, and all the urgent symptoms relieved, but coughing and raising his mouth full of tough phlegm, quite often, having the appearance of a pseudo membranous substance, which continued for about 24 hours. The patient walking about the room part of the time. At the end of about 36 hours from the time of the commencement of the chloroform, he was able to eat nearly a full meal, and play around the house; a slight wheezing continued for about three days, since which he has been well. All the medicine that I gave after the evening of the 25th was a solution of Muriate Ammonia, half 3 to half pint of water and molasses, dose one to two teaspoonsful every two or three hours.

If you deem this of any importance, you can publish such part of it as you choose in your worthy Journal, or dispose of it as you see fit. My only object is to aid the profession in their endeavors to benefit suffering humanity, and secure the confidence of community in medical science.

Yours respectfully,

J. JEFFERY.

Sweet Whey in Pertussis.—The *Medical News* says that Dr. Lowenthal states, as the result of numerous trials, that this substance given several times a day, in doses beginning with half a spoonful, cures the disease more rapidly and more pleasantly than any other means.

ARTICLE VI.

Homœopathy in Germany and particularly in the Kingdom of Bavaria.

We have been permitted by the gentlemen to whom the following letter is addressed, to copy it for publication in the *Peninsular Journal.* The reader will perceive that it has been written in answer to questions propounded by Professor Denton. The information contained being designed for the use of the Board of Regents.

PROFESSOR LIEBIG'S LABORATORY,
MUNICH, May 13th, '56.

DEAR SIR:—I take this opportunity to answer some of Dr. Denton's questions. My information is obtained principally from one of the oldest members of the Medical Faculty here.

There are about two hundred and fifty medical students. Professor Buckner is about thirty-five years of age, was a regular practitioner before he became a Homœopathist. He has been a Homœopathist about eight years.

The Professors are appointed after this manner *generally.* A name is first proposed by the medical faculty to the Senate, which is composed of the Medical Faculy. By the Senate, if it thinks proper, it is proposed to the Minister, and by the Minister to the King. This is the usual way of appointing. But the King himself sometimes appoints Professors.

Professor Buchner receives no pay whatever from the Government. *There is no chair of Homœopathy in the University of Munich.* Prof. Buchner was appointed Professor of *Pathology.* He was appointed by the King at the request of some lady of the Court. This lady had been dangerously sick, and attributed her recovery to the skill of Prof. Buchner.

This appointment did not meet the approbation of the Medical Faculty; but Professor Buchner, not being a *regular* Professor, they made little opposition to it, knowing that his influence would be almost nothing. He is not on intimate terms with the other members of the Medical Faculty, and considered a person of little ability. Students are not obliged to attend his lectures. In fact, for the last two or three terms he has not been able to lecture, no one attending.

A knowledge of Homœopathy is not necessary to a degree. Students are not examined on this subject. Every one who wishes to practice, Homœopathists and all, must first be examined by the regular Medical Faculty.

About forty or fifty medical students are annually licensed here.

Homœopathists are believed to be rapidly decreasing in Germany.

I regret that I have not more time to inquire about this matter. Hoping, however, that the few lines I send may be of some service to Dr. Denton,

I remain very truly yours,

T. E. C.

To ——————— Esq.,
Detroit, Michigan, U. S., A.

ARTICLE VII.

For the Peninsular Journal of Medicine.

Case Reported to the St. Joseph Co. Ind. Medical Society.

Messrs. Editors:—By request of the members of the above Society, I send you the notes of the following case and *post mortem* examination.

Feb. 29th, 1856. Patient Mr. H——, tailor by trade, age about forty years. Has been confined to his room all winter, and under the care of another physician. Sitting upright in bed. Respirations laborious and thirty per minute. Pulse 120, and in the left arm full and rather strong, in the right arm much smaller and more feeble, but regular in both. Complains of his heart, of the force of its beat and palpitation. Says the difficulty is in his heart. Found its pulsation to be at and to the right of the inferior portion of the sternum, its action visible to the eye at some distance from the bed. To the hand it imparted a forcible and heaving motion.

Chest well developed, but the left half below the second rib appeared slightly prominent.

Percussion. As flat a sound as that elicited from the thigh, in the region of the left lung, both anteriorly and posteriorily, beneath the lower half of the sternum and about an inch to the right of its lower third. The right lung resonant.

Auscultation. Could not detect any respiration in the left lung, in the right the respiration bronchial. The pulsation of the heart heard over nearly the whole chest, but more plainly in the right portion, so plain as to obscure the respiratory murmur, had there been any. Could detect no abnormal sound in the heart, except the force and loudness of its beat.

Complains of stricture in the precordial region and a "pulling down sensation" in the left side of the thorax. Has been coughing considerably for a day or two past, but not been troubled with a cough prior to this. Expectorates a frothy mucus, similar to that expectorated by a healthy person after active exercise. Lies upon his back and left side, cannot lie upon the right as it increases the dyspnœa. Somewhat feverish, tongue coated, anorexia, restless and wakeful at night. Fever been intermittent. Considerably emaciated, but no other hectic symptoms nor œdema of the limbs. Says he has been unwell nearly a year, but prior to confinement to his room attributed his symptoms to dyspepsia.

Diagnosis. Could make none satisfactory to myself, but attributed the principal symptoms to enlargement and dilatation of the heart. I wish *all* who read this to form their diagnosis *now*, before reading farther.

Prognosis: Was that it would soon prove fatal, and that I could promise no more than a palliative treatment.

Treatment. Norwood's Tinct., Veratrum Viride, 6 drops every three hours, with Quinine to be taken through the day.

Found him the next day more comfortable, breathing more easily. Pulse about 100, and not so strong. Continued the same treatment with an expectorant. He appeared to improve for a week or more. Pulse came as low as 90 per minute, and would remain at this while under the influence of the veratrum. Had much less dyspnœa and no paroxysms of palpitation. Appetite improved. Could sit up in a chair a portion of the day, but could endure no exercise or excitement of any kind. Whenever the veratrum was suspended, the action of the heart would again annoy him, and he would send for more with word that "he could not do without it."

He continued in this condition about two weeks when he began gradually to decline, but with no other symptoms than a failing of strength. He could now do without the veratrum with less annoyance from his heart, and was not troubled so much with palpitation. The pulse, though become more frequent, was not so full and strong, he rested comfortabable, so much so, that his friends expressed doubts about his being so seriously affected. But a renewal of the paroxysms of dyspnœa, increased emaciation, failing strength, swelled feet, soon bespoke too plainly to be mistaken the fatal issue. I should have mentioned that some two weeks after I first saw him, my attention was called to a difficulty in swallowing any solids, which so increased, that for a week or more before his death, he could swallow

only fluid. Whatever he swallowed (except fluids) appeared to be arrested in its course in the region of his heart, requiring several swallows of water to wash it onward, this failing, it would return per mouth.

The dyspnœa increased as his end approached. Could breath only in a sitting posture for several days before his death. Died April, 2d.

Autopsy. Eighteen hours after death, assisted by Dr. D. H. Henry. Position of the heart immediately beneath and to the right of the sternum, between the cartilages of the 3d and 6th ribs, about natural size and empty. Between the heart and left lung a fatty looking substance enterposed, which upon examination proved to be a lobe of a tumour. The ascending and descending venæ cavæ were then tied, and the heart removed. Left lung in the anterior portion of left half of the thorax flattened and solid. Slight adhesion of the left border to the pleura. Posteriorily and to the right, it was firmly attached to the tumour, as was also the pericardium. Left lung was now removed and the tumour exposed, which was found firmly adherent by condensed cellular tissue to the body of the dorsal vertebræ from the second to the eighth. Quadrilateral in shape and lying in front and to the left of the vertebræ. Left border free, nodulated and of a white and glistening appearance. Tumour removed, by tearing it from its attachment to the vertebræ.

Left lung re-examined, and found studded with numerous small abscesses filled with pus.

Right lung congested, otherwise healthy. The tumour (which was now exhibited to the Society, and which I will send to the Medical Museum of the Michigan University the first opportunity) weighs 3½ lbs., longitudinal circumference 15 inches, lateral 10 inches. The body of the tumour is hard and elastic, portions of it though, soft and yielding and of a *medullary* character internally.

The Esophagus is embedded in the posterior half of the tumour thoroughout its length.

Elkhart, Ind. JNO. H. RERICK, M. D.

VALERIANATE OF ATROPINE.—M. Michea calls the attention of the profession to this new preparation, which is formed by the union of valerianic acid with the alkali of atropine. He claims that it is far more reliable than any other article of the materia medica in the treatment of convulsive diseases; and especially of epilepsy, hysteria, chronic asthma and whooping cough.—*Western Lancet.*

ARTICLE VIII.

St. Mary's Hospital Report.

BY S. J. REDFIELD.

The following case is possessed of some interest as showing to how great an extent parts most important to the vital processes may be modified, and yet existence continue, as also how necessary is the proper and normal action of any one part to the healthy and harmonious performance of the whole.

Margaretta Burke was admitted into the St. Mary's Hospital March 22d. The history of her case, as given by herself, is essentially as follows. About thirteen years ago, after having suffered for a time with acute rheumatism, she was attacked somewhat suddenly with palpitation of heart and a feeling of general lassitude and depression, especially after exertion. These symptoms continued without much alteration until about four years since, when, in addition to a considerable increase of the palpitation and debility, she began to experience some difficulty of breathing, or dyspnœa, throbbing of temples, cold extremities, accelerated respiration and feelings of anguish, entirely preventing any hasty movements, all of which she aggregated in one general expression of "*a dreadful aching faintness.*"

At the time of her being brought to the Hospital, there was also occasional precordial pains, feelings of suffocation, great irregularity, rapidity and weakness of pulse, with tendency to swelling of the lower extremities when sitting or standing. As the disease progressed, there was gradually added a slight cough and œdema of the abdomen and extremities, particularly the right. The countenance was pale and leaden, and the skin of a jaundiced appearance.

Physical examination revealed the following conditions:

There was increased dullness over a somewhat wider space than natural, with the respiratory murmur absent. Upon applying the ear, the heart was distinctly heard to beat over nearly the entire chest with considerable strength, and superficially, and at about 115 per minute (variable). There was a bellows sound heard in connection with the ventricular systole and prolonged. The second sound was distinct and nearly normal. Upon applying the finger to the external jugular, the "venous pulse" was plainly discernable. Owing to extreme weakness, no examination was instituted to learn the extent of dullness by *exact measurement*, nor the *exact* amount of the heart's enlargement as indicated also by the removal of its apex, and

consequent transference of the impulse from the fifth intercostal space to some point lower down and to the left of its usual location. But judging from its enlarged appearance and increased weight, doubtless both measurement and an abnormal position would have corroborated such a conclusion.

The autopsia was as follows: There was about four or five ounces of fluid effused into the pericardium, and a considerable deposit of fat upon the external portion of the base, but not interfering *markedly* with the muscular structure. The auricles were both dilated considerably, and particularly the left, which is normally of less size than the right. The ventricles were nearly of a natural thickness, though the left was perhaps slightly thickened and dilated. Taken in the aggregate, its weight, when divested of its appendages, was twelve ounces, which is four ounces above the healthy standard in woman. The tricuspid or right auriculo-ventricular valves were flabby, and appeared somewhat confined and crippled in their action; the pulmonic, though possessing their natural form, were partially thickened and imperfect. The mitral or left auriculo-ventricular were entirely gone. The mitral orifice contracted and thickened, and diminutive warty excrescences were visible along its edges. The aortic alone were perfect. Upon the exterior wall of the aorta and about one inch from its orifice were found tumefied excrescences, analogous in appearance to the aortic tissue itself. The coronary veins were much dilated. There was considerable effusion into the plural cavity. The aorta and lungs were not examined.

Laying aside the results of the autopsia, what are the pointings of this aggregate of symptoms? In the first place the principal abnormal sound was heard in connection with the contraction of the ventricle, and hence was caused by a flow of blood *from* this receptacle. Had it been *obstruction* of the aorta, the sound would have been heard most distinctly under the sternum, opposite the third intercostal space and up along the aorta. This was not the case, but rather over the middle and lower portion, and toward the apex. Secondly, the pulse was noted as being remarkably weak and irregular. But Watson, Woods, Stokes and all modern authorities unite in attributing to diseased condition depending upon aortic obstruction, *a full regular pulse*, while a pulse allied to the one here found, is by these same authors held as nearly pathognomonic of *mitral* regurgitation.

Adopting then this supposition, we see how the blood, unrestrained by any valves at the auricular inlet, must have a backward tendency. The right auricle would thus become clogged in its action, the valves

would suffer derangement, the ventricular contraction would communicate an impulse to the blood in the veins; there would be tendency to dilation of all the right cavities, the coronary veins would suffer engorgement, the venæ cavæ would have their blood obstructed, causing anasarca of the extremities, and finally, we would have effusion into the lungs giving tendency to cough and dyspnœa. Such *in main* was the real condition. Such being the conclusion drawn alike from the symptoms during life, and the actual condition of the parts upon examination after death—is it not probable that the primary disease was at the ventricular inlet, allowing of the free return of blood through this orifice.?

ARTICLE IX.

Notes and Observations on the Hirudinei Observed in Michigan.

Inconspicuous from the smallness of their size, and withdrawn from facile observation by the medium they inhabit, it is, perhaps, not surprising that the animals, comprised in the old Genus Hirudo of Linn. and the modern family Hirudinei, should not have attracted the attention of American naturalists and zootomists as much as their general and developement history are calculated to elicit.

Fortunately, however, for zoological science, the zeal, the patient and unremitting industry and research of our transatlantic brethren have in great measure made amends for our remissness, and there remains for us but the humbler yet not unimportant duty of correcting here and there the outlines, and filling up the picture in its details.

Although the number of species comprised in this group hitherto described, is but about fifty; yet, modern naturalists have discovered in their anatominal structure and biological history sufficient differences to constitute some nine or ten genera.

But two of these genera have yet been observed in this vicinity to wit., Nephelis and Clepsine; the former representing the sub-family with red blood, and the latter comprising all those that possess blood, either transparent or having a slight yellow taint.

The Clepsine of Savigny, Glossophora of Johnson, is thus characterized: Mouth large in proportion to the oral sucker, furnished internally with an exsertile trunk which is tubular, cylindrical and very simple. Jaws reduced to three simple folds; edentulate. Eyes 2—4—6, very distinct, are arranged in two longitudinal series; oral sucker

composed of several segments, slightly concave and not separated from the body by a deep constriction; the transverse fissure with two lips; the superior lip semi-eliptical, composed of three segments, the terminal one larger and more obtuse; the inferior lip retuse. Ventral sucker moderate, bodered on two sides by the last segments, exactly inferior. Body sometimes slightly coreaceous, depressed; slightly convex above, plane beneath, gradually narrowing and thinning behind; very extensible, capable of contracting itself into a ball or cylinder; segments short and equal; male genital orifice between the 19th and 20th, and the female between the 22nd and 23d segments. The stomach furnished with six or eight pair of cœci, more or less branched; the short intestine provided with three pair of smaller size; eggs enclosed in several exceedingly delicate and transparent cysts, (and not, as stated by Dujardin, inclosed in an excavation on the ventral surface) which in some species are attached to the venter, in others attached to leaves or other objects, and protected by the body during incubation.

The following species of this genus have been observed, most if not all, of which appear to be nondescript, viz:

Clepsine Marmorata. S. n. sp. Body above, straw-colored, marbled with brown, a mesial longitudinal band of the former extending the whole length of the body, with seven abrupt dilatations of unequal size and form, the first distinctly triangular; the margins on the dorsal surface marked with short transverse brownish bars on every third segment; numerous warty tubercles on the dorsum, somewhat in five longitudinal series. Ventral surface marked with twelve longitudinal green stripes; the margins with short, transverse green bars on every third segment; margin on the posterior sucker also marked with fourteen or fifteen bars. Eyes two. Length, at rest 1¼, in., width 6 lines. Folds itself into a ball when detached.

Found on Emysaurus, also on Emydes.

Clepsine sex-puncto-lineata. S. n. sp. Length six to eight lines; width three to four lines. Color above olive-brown, with the surface marked with six rows of yellow or white dots, covering elevated points or tubercles; the outer rows marginal. Beneath, flesh-colored minutely dotted with brownish or greenish; generally a central clear stripe and two lateral dark ones, corresponding dark lines on the dorsum passing through or connecting a series of yellow spots. Eyes six. Ova yellow, enclosed in transparent membranous ovisacs, of which some five or six were collected together, but not cohering, nor adhering to the ventral surface, but deposited on dead leaves

and covered by the body of the leach. Number of ova in each ovi sac varying from eight to fifty. Found May 3rd, and probably deposited a few days previous.

Clepsine minima. S. n. sp. Body flesh-colored, translucent; above, delicately lined with black or dark green points. Beneath minutely and irregularly dotted with points that present the usual radiated appearance of pigment cells, under the microscope. Body more elongated than in the preceding species. Length six lines, width 1¼ lines. Eyes two. Eggs in several ovisacs, attached to the venter and carried about by the leach; color, pale red or rose colored. The margins of the body contracted so as to enclose the ovisacs.

The remaining genus, Nephelis, of Savigny, is thus characterized by Moquin Tandon:

Body elongated, much depressed, gradually narrowed anteriorly, obtuse posteriorly, soft, smooth, composed of from 96 to 99 segments, feebly marked; sexual orifices between the 31st, 32nd, 35th and 36th segments. Anterior sucker oval, concave, the superior lip projecting in a semi-elipse, composed of three segments, the anterior larger and more obtuse. Mouth large, relative to the anterior sucker; jaws none; esophagus with three folds; eight distinct eyes, the anterior four, semi lunar on the first segment; the four posterior placed transversly in pairs on the sides of the third segment. Posterior sucker, medium, obliquely terminal. Anus large, semi lunar very apparent (above the anal sucker). The digestive tube is of nearly uniform calibre and without lateral cœci. Eggs enclosed in a transparent coreacious capsule of a yellowish brown color and flattened eliptical form, from attachment to leaves or bits of wood; a slight tubercle presents at each extremity. Of this genus, two species are found in our ponds of about equal size, one having on both surfaces a leaden blue color, the other being of a fawn color, pure beneath, and above marked with a number of dark bluish blotches on each segment; a mesial dorsal line fawn colored.

Perhaps the former is the Neph. vulgaris, of Sav., and if the latter upon further investigation should prove to be not a variety but a distinct species, it may not inappropriately be denominated Nephelis variegata.

The ova of both genera, but especially of the Clepsine, afford to the young embryologist a fine opportunity for studying the segmentation of the yolk, the gradual histogenic transformations and the final development of organs, the stages of the process occupying between three and four weeks.

Not only as a process of animal building by the various stages of histogenic and morphological transformation is the embryology of these animals peculiarly interesting, but it furnishes also an opportunity of studying the complete structure, in consequence of the transparency of their tissues at early periods, obviating to some extent the necessity of difficult anatomical manipulations.

In the newly completed organisms of the Nephelis, the character and the course of the circulation can be distinctly traced, the wave-like contractions of the vessels being indicated by their colored blood. In the lateral, vessels proceeding from behind, forward on one side and downward on the opposite. I have not been able to discover the irregular movements described by some writers, now advancing and again retreating in the same vessels at different times. In the embryo of the clepsine sex-puncto-lineata, the histogenic transformation distinctly occurs at first in the superficial strata of cells, which, as they change, become transparent, while the interior is still composed of the minute yellow cells of the original yolk. At an early period, also, the number of segments of the body is but 21 or 22; corresponding with the number of pairs of ganglia, that at a little later period can be rendered visible by moderate compression. The earliest traces of the lateral coeci of the stomach appear when the yolk substance is reduced to an elongated central mass, as short yellow tubercles, produced apparently by the constriction of the rudimentary stomach; they then elongate, and finally acquire the branching character of maturity. The embryo is born before the completion of the alimentary canal and without an oral orifice or anterior sucker; but the posterior sucker, by which it attaches itself to the parent, is already, and as a physiological necessity fully developed. It subsists in that position until the remaining yolk substance is exhausted in organological developement, then detaches itself and seeks foreign sustenance.

The eyes of the young Nephelis are early developed and much more readily traced than at maturity, in consequence of the deposit of pigmentary matter in the dermal tissues at a later date. In short, the entire process, which has been more minutely traced by Grube, Weber, Quatrefages and others, admits of more facile examination that the embryology of the limax, lymneus, physa or other gastropod molluscs, and are therefore to be preferred by the young microscopist.

According to Dujardin and Owen, sexual contact occurs (for although hermaphrodite they reciprocate fecundation) in the warm season, especially in August, and the ova being deposited from fifteen

to thirty or forty days afterwards. In this state the ova are deposited by both Nephelis and Clepsine about the first of May, and, as before stated, are incubated in three or four weeks.

June 25th, 1856. A. Sager.

ARTICLE X.

First Annual Meeting of the Ionia County Medical Association.

The Association met at the Congregational Church June 10th, one o'clock P. M., and was called to order by the President, Dr. Alanson Cornell.

Present: Drs. Lincoln, A. Cornell, A. Williams, Wm. Wilson, Z. E. Bliss, of Ionia; Dr. Jno. Anery, of Otisco; Dr. W. I. Blanchard, of Lyons; Dr. C. H. Smith, of North Plains.

The minutes of the preceding meeting were read and approved.

The unfinished business of the previous meeting was taken up and disposed of.

The Association adopted a uniform *Tariff Fee*, by which the charges of every member is to be governed.

On motion of Dr. Blanchard, Drs. Wilson and Bliss were appointed to write and read a dissertation on some medical or scientific subject at the next semi-annual meeting.

Miscellaneous business being in order, the members indulged in the discussion of medical and scientific subjects.

Dr. Anery stated that the dysentery had again made its appearance in the immediate vicinity of his location, with all the malignancy which characterized this disease last summer, and upon motion of Dr. Anery, it was

Resolved, That a committee of five, consisting of Drs. Anery, Williams, Lincoln, Cornell and Gilbert, be appointed to investigate and report at their earliest convenience upon the cause and treatment of this disease.

Dr. Williams presented a *curved forceps* for operating on Hare-lip; also an instrument for dressing fractures, for both of which he claimed some originality.

Dr. Williams read an article, entitled "The Pecuniary Advantages of the Medical Profession to the Community."

Upon motion of Dr. Blanchard, a copy of the above was solicited for publication in the *Ionia Gazette*, and one for deposit among the archives of the society.

On motion, the Secretary was requested to prepare a copy of the proceedings of the Association for publication in the *Peninsular Journal of Medicine* and *Ionia Gazette.*

The society adjourned until the second Tuesday in January 1857.

Ionia, June 24th, 1856.

ALANSON CORNELL, M. D., *President.*
Z. E. BLISS, M. D., *Secretary.*

SELECTIONS.

COMPARATIVE VALUE OF THE DIFFERENT HÆMOSTATIC AGENTS.

A correspondent sends us the following translation, which we publish as conveying valuable information upon an important subject. —*Boston Med. and Surg. Journal.*

The *Gazette des Hopitaux* of Sept. 29th, in an article on the comparative value of different substances as means of arresting hæmoptysis, after remarking that bleeding for this purpose, has deservedly fallen into general disfavor, alludes to the clinical researches of Dr. Aran, published in the *Bulletin Gen. de Therapeutique*, and gives a *resume* of the interesting and valuable results to which he had arrived. We translate passages which seem to us of considerable value.

M. Aran has successively tried agents belonging to the class of hæmostatics, properly so called, such as resinous substances, the ergot of rye and common salt; then astringents—acetate of lead, alum, *eau de Rabel*, tannin, and gallic acid; nauseants and emetics—ipecac, tartar emetic, veratrine; and sedatives of the circulation—nitre and digitalis.

Of the agents belonging to the first group, hæmostatics proper, the essence of turpentine has seemed to M. Aran especially to deserve the attention of physicians. He has prescribed it pure, in doses of from ten to thirty drops, in a glass of water, or made up into a bolus with magnesia, and taken enveloped in moistened water (*pain a chanter*). Generally within a few hours after the patient commences taking it, there is a very marked diminution in the amount of the hæmorrhage, and in twenty-four or thirty-six hours at the most, it is reduced to a very small quantity or entirely ceases. On the other hand, M. Aran is convinced, as many English and German physicians have already proved, that the essence of turpentine is less suitable in hæmoptisis, with a tendency to inflammatory action within the chest, a febrile movement, or when it occurs in young or rather

plethoric subjects, than when it happens in debilitated, cachectic subjects, with characters of *passivity* or atony.

Ergot of rye and the ergotine of M. Bonjean, have shown much less efficacy against hæmoptysis than essence of turpentine. The former, even, when given in a very large dose, has seemed to exert only the most moderate influence upon the hæmorrhage.

The same is not the case with chloride of sodium or common salt which has been proved to possess an undoubted efficacy in doses of from sixty to one hundred grains taken in the course of a few hours in solution, or in the form of powder. It is particularly deserving of recommendation in such cases, as it is constantly at hand.

Among the astringents, M. Aran has found none worthy of confidence, except tannin and gallic acid. Gallic acid seems to him preferable to tannin, as, with the same styptic properties, it has not the same drying action upon the tissues, and does not produce the obstinate constipation which occurs when the latter is employed. The medium dose of gallic acid, as he administered it, was, from ten to twelve grains in twenty-four hours, in powders of two grains each, given at intervals of two hours.

M. Aran acknowledges the power of nauseants and emetics to arrest hæmoptysis, such as tartar emetic, ipecac and veratrine. With regard to the first two, this property has been known for a long time. As for veratrine, in three cases in which it has been prescribed, the hæmoptysis was arrested as if by enchantment as soon as nausea and vomiting took place. These agents would deserve, then, to be placed in the first rank of hæmostatics, if there were not others of equal efficacy, which do not produce nausea and vomiting, effects which are always painful or disagreeable to the patient.

Nitre and digitalis have been equally, and with good reason, extolled in this case by the name of sedatives to the circulatory system. Following the example of Schmidtmann, who conceived the idea of combining sea salt with digitalis to combat, hæmoptysis, M. Aran, for the same purpose, combined digitalis and nitre. This mixture, it appears, produced very remarkable results.

In ordinary cases, he gave in the course of twenty-four hours four grains and a half of digitalis, and twenty-three grains of nitre in four powders. But when the hemorrhage was very profuse, the quantity of nitre was carried as high as thirty-eight grains, and that of digitalis to eight or even twelve grains; in some very grave cases, the quantity of digitalis given was carried to twenty-three grains, and of nitre to sixty grains. A remarkable circumstance noticed was, that when these remedies were given in this quantity, the system was not affected in any unfavorable manner; the pulse did not suddenly abate in frequency, nor was there a very abundant diuresis. On the other hand, the effect upon the hæmoptysis was most marked; in a few hours, the flow of blood was considerably reduced, and often after twenty-four or thirty-six hours, there remained only a little bloody expectoration. The diminution of the hæmorrhage was generally accompanied by a great calm. Nevertheless, M. Aran ob-

served that never, after the administration of essence of nitre and digitalis, was the arrest of hæmorrhage so sudden as after the administration of turpentine or gallic acid.

M. Aran sums up his opinion of the respective value of the different agents in question, in the following words: "In profuse hœmoptysis, but not immediately threatening life, the physician may take his choice of either of the preceding remedies. In very profuse hæmoptysis, on the contrary, where it is necessary to arrest the bleeding as soon as possible, and by means the least likely to depress the system, the physician cannot trust the tardy remedies. Neither the ergot, nor sugar of lead, nor *eau de Rabel*, nor alum, nor rhatany, &c., will be equal to the emergency. Only turpentine, gallic acid in a large dose, salt, nitre combined with digitalis, can be employed with success; but the necessity of proportioning the dose of the medicine to the intensity of the hemorrhage, in administering the chloride of sodium, but particularly the nitre and digitalis, is productive of great inconvenience; the danger of too great a depression from too large a dose, or from too long a continuance of the remedy.

"It is then to gallic acid and to turpentine that I give the preference in these grave cases; yet, under the apprehension of their insufficiency, I do not think the physician should limit himself to their use. It is under such circumstances that bandages applied to the limbs, which are very useful in other kinds of hemorrhage, and ice applied to the chest, have saved the life that was in danger, by stopping the hemorrhage for the moment, and allowing the internal remedies to complete the work."—*Southern Med. and Surg. Journal. St. Louis Med. and Surg. Journal.*

ON DETECTION OF STRYCHNIA.

BY MARSHALL HALL, M. D.

The detection of strychnia as a poison is, at this moment, of deep public interest.

When the chemical test fails, there remains, I think, another—the physiological. Having long studied the effects of strychnia on the animal economy, (I have sent two papers on this subject to the Institute of France,*) I am persuaded that these effects on the most excitable of the animal species are at once the most delicate and specific tests of this poison.

I have just performed two experiments, and only two, for want of materials for more.

I requested Mr. Lloyd Bullock, of Hanover street, to dissolve one part of the acetate of strychnia in one thousand parts of distilled water, adding a drop or two of acetic acid.

I then took a frog, and having added to one ounce of water 1-100th part of a grain of the acetate of strychnia, placed the frog in this di-

* See the Comptes Rendus for June 1847, and February 1853.

lute solution. No effect having been produced, 1-100th of a grain of the acetate was carefully added. This having produced no effect, in another hour 1-100th of a grain of the acetate was again added, making the 3-100th, or about the thirty-third part of a grain. In a few minutes, the frog became violently tetanic, and though taken out and washed, died in the course of the night.

I thus detected, in the most indubitable manner, one thirty-third part of a grain of the acetate of strychnia. It appeared to me that, had more time been given to the experiment, a much minuter quantity would be detectable.

I placed the second † frog in one ounce of distilled water, to which I had added the 1-200th part of a grain of the acetate of strychnia. At the end of the first, the second and the third hours, other similar additions were made, no symptoms of strychnism having appeared. At the end of the fifth hour, the frog having been exposed to the action of 1-50 part of a grain of the acetate of strychnia, tetanus came on, and under the same circumstances of removal and washing, as in the former experiment, proved fatal in its turn.

I thus detected 1-50 part of a grain of the poisonous salt by phenomena too vivid to admit of a moment's doubt; the animal, on the slightest touch, became seized with the most rigid general spasmodic, or, rather, tetanoid rigidity. And this phenomenon, alternating with perfect relaxation, was repeated again and again.

As the nerve and muscles of the frog's leg, properly prepared, have been very aptly designated as galvanoscopic, so the whole frog, properly employed, becomes strychnoscopic.

In cases of suspected poison from strychnia, the contents of the stomach and intestines, and the contents of the heart, blood-vessels, &c., must be severally and carefully evaporated, and made to act on lively frogs just taken from the ponds or mud. I need scarcely say that, taken in winter, the frog will prove more strychnoscopic than in summer, in the early morning than in the evening.

The best mode of performing the experiment also remains to be discovered, with all its details and precautions, an inquiry into which I propose to enter shortly. Meantime, this note may not be without its utility.

P. S.—I have repeated my experiment. I placed one frog, fresh from the pools, in an ounce of water, containing the 1-50th part of a grain of the acetate of strychnia; a second in the same quantity of water containing the 1-66th, a third containing 1-100th, and a fourth containing 1-200th. All became tetanic in two or three hours, except the third which was a female, (the others being males,) which required a longer time.

The 1-200th part of a grain of the acetate of strychnia is, therefore, detectable by means of this test conferred by physiology.

We now placed a male frog in 1-400th part of a grain of the acetate of strychnia, dissolved in six drachms of water. In three hours and a half it became violently tetanic.

† These frogs were not fresh from the pools.

The fresh frog is, therefore, at this season, strychnoscopic of 1-400th part of a grain of the acetate of strychnia, and probably to a much minuter quantity, which ulterior experiment must show.

In two other experiments the 1-500th and the 1-1000th of a grain of the acetate of strychnia were detected.—*Lancet.*

MY EXPERIENCE IN HOMŒOPATHY.

BY JNO. T. PLUMMER, M. D., OF RICHMOND, INDIANA.

It is not from the theoretical jargon of homœopathic books that I have derived my knowledge of the Hahnemanic art. But all I know on this subject that is worth the knowing, is the result of my own cogitations, accidentally confirmed in the course of my medical practice.

That the reader, who may have sometimes been confounded by the reports of prompt and wonderful cures effected by infinitesimal doses, may have the benefit of some of my experience in this line, I am willing to relate a few cases.

The first two instances occurred in my own family. One of the children was sent into the office by his mother, with the request that I would prescribe something for a pain in his stomach. Being engaged at the time with another patient, I directed the child to wait. He returned into the house to his mother, but soon came back with an urgent solicitation that I should give him some medicine, as he could not patiently endure the pain any longer.

Some time before, on that day, he had been seated on the office counter with a piece of bread in his hand. A few crumbs which he had left there, were now before me. He was standing by me. I picked up two small fragments of the bread, and as I continued talking with my other patient, rolled them into pills.

"Here," said I to the child, whose head was high enough to reach above the counter, and who, I thought, had been watching the process of moulding the bread into his medicine, "take these in a little water." I had no idea of deceiving the child, but supposed that the idea of swallowing bread for medicine would divert his attention for a time from his suffering, which I did not conceive was so pressing as he judged it to be, and enable me to finish my interview with the person present.

The little fellow ran into the house with his pills, for the purpose, as I supposed, of amusing his mother with the details of their manufacture, and I lost sight of the case.

Weeks had passed, when one day his mother informed me that he was again suffering from the same kind of pain, and desired me very innocently to give him some of the same medicine that he took before. "I have no recollection," said I, "of having given him any medicine lately." "Oh," said she, "it was some weeks ago. He

brought in two little pills which I gave him in water, and they relieved him very promptly."

This unexpected success with bread pills did not, however, induce me to place them among my standard medicines. Yet in this instance, the *micæ panis* proved as efficient as the *micæ invisibilis Hahnemani* could have been.

The other domestic case was one of apparent *paraphlegia*. Months had been fruitlessly spent in the use of every probable means of relief. I concluded to suspend hostilities against the disease, at least until I could recruit, and meanwhile administer the homœopathic charm—*nothing*. The effect was marvellous! In less than ten days the patient was able to walk! Thus

Ex nihilo *aliquid* fit.

Some years ago, during a few hours' absence in the country, a friend whom I had recently taken into partnership, was called upon to visit an elderly female, (one of my chronic patients,) of highly nervous temperament, who was suffering "exceedingly." He returned to the office for medicine, and finding one of the jars containing a *powder*, and marked *P. Assafœtida*, he lifted the lid and smelt the contents. "Yes," said he, within himself, "that's just the thing."

On my return home, he desired to know how I "got my assafœtida so fine?" "Fine?" said I. "Yes, how do you pulverize it so nicely?" and he directed his finger to the jar. I smiled. He stood for a moment, then taking up the vessel, "this," said he. "That," I replied, "is not pulverized assafœtida." "Then," said he, "it is wrongly labelled." "No, I keep nothing without its proper label." "Why," said he, confounded by the contradiction between my denial, and the plain evidence of his own eyes, "how is this? Here is the label: *pulvis assafœtida*." "No," said I, "not *pulvis*, only P." "Well, that means *pulvis*." "But," said I, "it also means *pipulæ*." "True," he replied, "but there are no pills here." "I see," was my reply, "but there *have* been pills there, and what is now in the jar is only the *liquorice powder* which was dusted over them." A short silence ensued; he looked confused, then laughed outright, and replied: "Well, at all events, I cured the old lady over the way of a desperate attack of pain, by five grain doses of it."

The last case I shall mention was that of an old man, living some miles in the country, to whom my attention was directed while on a visit to another member of the family. For more than nine months he had been subject to "chills and fever," and diarrhœa. He had used various means of cure, to no good purpose, and as different physicians had failed to relieve him, he had become disheartened. His case, I told him, I thought was not by any means hopeless, yet, at the same time, not very encouraging; but I was willing to do what I could for him.

With some difficulty, he consented to try another course of treatment. But, on looking over my pocket-case of medicines, I found nothing, as I thought, adapted to his affection. But for some flatu-

lence which he experienced, I divided a little camphoreted powder into two portions, I prescribed them, requesting him to send to my office the next day to obtain the necessary medicines.

As no messenger came on the following day, I supposed the old man had become faithless in the power of drugs, and concluded to let nature take her downward course. This inference was corrected a long time afterward, on a visit to the same family, when he became high in his praises of the two little wonder-working powders, which stopped the purging, and the chills and fever, "so that," said he, "I didn't think it necessary to send for any more." But he wanted me not to forget what the powders were made of, for he never saw the like in medicine, &c.

Such are specimens of the marvellous cures in homœopathy, and such are the innocent trumpeters of its fame.—*Nashville Med. and Surg. Jour.*

RICORD AND HIS PATIENT.

The following sprightly feuilleton is from the pen of Dr. Schlesinger, a Paris correspondent of the *Vienna Medical Times:*

I had an opportunity of observing a case in the private practice of Prof. Ricord, and the communication may not be uninteresting, when viewed from the standpoint of *unus pro multis.* A young countryman had enjoyed the seductive charms of beautiful Lutætia, and had studied the manner of living of the French, particularly in those large schools at Mabile, Jardin d'Hiver and Asnieres, and indeed had become so immersed in his favorite study, that he bore away as a final prize—a gonorrhœa. The martyr to these studies had already been, when I arrived in Paris, for seven weeks in undisputed possession of this enviable acquisition. Ricord was his physician. During this time he had made twenty visits to Ricord, and received six visits from him. For the former, Ricord received each time the usual honorarium of twenty francs, for the latter forty francs. The Doctor's bill alone was 640 francs. But the gonorrhœa, at the end of the seventh week, was still—*in floribus.* Besides the Doctor, the apothecary had profited, in this right French article, from 120 to 150 francs. Ricord writes recipes, many, very many recipes, daily changing them, and daily making them more costly. He says, you can have these put up by any favorite apothecary, "*mais le Pharmacien Favrot, Rue Richelieu, connait, deja mes ordonnances.*" The hint is as good as a command. You go then to Favrot, Rue Richelieu. And our countryman went there also. Ricord had prescribed already, by turns, tisans, *limonade gazeuse purgative, capsules de cubebe, capsules de copahu, copahine mege ferres prep.*, different syrups, baths and costly perfumed injections, when, in addition to the gonorrhœa, slight symptoms of the commencement of an epididymitis

appeared, and he ordered the application of fifteen leeches. The Pharmacien Favrot, Rue Richelieu, is a French tradesman, in the most gallant and refined sense of this significant word. He takes the recipe, and tells the young man that he will send the leeches, with suitable accompaniments, to the hotel. Now comes a pretty demoiselle with an elegant *carton*. Therein are to be found leeches, linen, charpie, sponge, sticking plaster, suspensory, syringe, scissors—in short, everything that a man in such a condition could desire for weal or woe, and everything is nice and tasteful. The pretty bearer of this Pandora's box is the "*Nourrice.*" The Nourrice is the attendant, the leecher. The young man is taken aback; the feeling of shame suddenly comes to him. She discovers it and says: "*Eh! vous avez honte, allez vous en' j'ai deja vu ça depuis mon enfance mille et mille fois.*" I have confidence in her veracity.

In addition to the usual quick irritability of the genitals during a gonorrhœa, the pretty nourrice, although she understands how to treat the *corpus delecti* with practiced and very delicate hands, yet still remains—a pretty nourrice. The nourrice laughs maliciously, and relates during the application some most charming little stories out of the *Chronique Scandaleuse* of the Parisians. She knows many a piquant tale even about the Doctor and the Apothecary.

After a few days, the apothecary's bill comes in, 80 to 100 francs for the carton, its contents and the messenger. I have in my possession such recipes and bills. The circumstance that the apothecaries in France, as in England, have a care for everything that a man requires in such a gallant condition, has also its bright side since the patient is not obliged to run to ten places before he collects his curative apparatus. This makes a wearisome day. In our country the apothecary would be sued for damage to business, on account of the linen by the linen draper, of the sponge by the grocer, of the knife by the cutler, of the suspensory by the bandage-maker, of the syringe by the glass-blower or pewter-worker, and the Board of Trade and the magistrate would have their trouble!

After I had been in Paris five weeks, in the twelfth of the gonorrhœa, the young man was still not rid of his dear companion—he was very morose, not able to continue his studies, and had expended there a sum of 1,200 francs on the doctor and the apothecary. A pretty outlay of capital, with—*running* interest.—*Am. Med. Monthly.*

[From the Transactions of the N. Y. State Medical Society.]

REPORT ON TUBERCULOSIS AND TUBERCULAR PNEUMONIA.

BY C. B. COVENTRY, M. D.

Mr. President and Gentlemen of the Society:

By the terms of the appointment, your Committee were required to report on the treatment of tuberculosis. A tubercular condition of lungs is so common an attendant on phthisis or consumption of the lungs, that many writers have limited the term phthisis to this form

of consumption, and others recently have substituted the term tuberculosis for the whole disease. Though the propriety of such substitution is very questionable, your Committee feel that the vast importance of the subject is a sufficient justification for their entering into a consideration of the whole subject of what is usually termed tubercular phthisis. Indeed, it would be impossible to do justice to the subject of treatment of Tuberculosis, without entering into a consideration of the causes, nature and symptoms.

ITS IMPORTANCE.

If we examine the tables of mortality, we are at once struck with the large proportion which the deaths from consumption bear to that from other diseases.* It is estimated that in the absence of any epidemic diseases, about one-fifth of the whole mortality is from consumption. In the town of Deerfield, county of Oneida, one of the healthiest towns in the centre of this State, the deaths in 1854, according to the returns of the marshals, were sixteen, and of these six were from consumption, a little more than one-third. If we deduct the deaths of children, and those from accidental injuries and from old age, we shall find that nearly, if not quite, one-half who die from disease in the prime of life, die from consumption.

When a new or epidemic disease, as the cholera, ravages the country, community becomes alarmed, and every means are resorted to, to stay or arrest its progress, and yet the actual mortality is less than from this insidious disease, which is constantly selecting its victims from the most talented, most interesting and most useful members of community, without creating any alarm, and without attracting that attention which its vast importance demands.

To suppose that it is a necessary condition of our existence that so large a proportion of the population should perish, in the flower of youth—the most frequent period is from 16 to 35—would seem to impeach the wisdom or benevolence of our Creator, and we are compelled to seek its solution in a violation of those laws of life and health which an all-wise and benevolent Creator has established for our own good.

Within the last few years the origin and cause of many zymotic and epidemic diseases have been investigated with so much zeal and such brilliant success, as to leave but little for the medical profession but to secure a more general knowledge of the important facts throughout community. May we not indulge the hope that the same zeal and industry, directed to the investigation of the cause of tubercular phthisis, may be rewarded with a somewhat similar success.

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* In Massachusetts the deaths in 1854 were 21,414; from consumption 4,611
The following table is from Morton's Illustration of Consumption:

	NEWYORK.	BOSTON.	PHIL.
Average annual proportion of the general mortality to the population	39.36	44.93	47.86
Average of the mortality from consumption alone to the general mortality	5.23	5.54	6.38
Average of consumption and disease of the lungs...	4.07	4.47	4.90

What is tuberculosis? what tubercular phthisis? what consumption? Notwithstanding the numerous volumes which have been written on the subject, the question is still significantly asked, what is tuberculosis? and what tubercular phthisis? Thanks to the investigations of Williams, Henry Ancelli, Von Virchow, Henle, Reinhart, Van der Kolk, &c., and still more recently of Dr. Radcliff Hall, we are enabled to answer the first of these questions in a satisfactory manner. By the aid of the microscope, physiologists have been able to trace with more certainty the origin, commencement and progress of tubercles. Writers on the subject may be divided into the following classes, viz.:

1. Those who advocate the doctrine advanced by Ancelli and Lebert, that "tubercle is a specific exudation poured out under the influence of a special general pathological state;" or in other words, "it is the local anatomical expression of a definite constitutional affection."

2. The doctrine so ably advocated by Dr. Williams, that tubercle is a degraded condition of the ordinary nutritive matter. He says: "Every gradation may be found between enplastic and aplastic deposites; the cells and fibres which are the representatives of organization, diminish in number and completeness, and the material becoming more granular and amorphous or abounding in fat globules, in proportion as the deposit is degraded, until in opaque, crude or yellow tubercle, it is altogether aplastic, consisting of a mere aggregation of granular and fat globules, with mere traces of the remains of cells." Dr. Williams' views are therefore, that tubercle only differs from the ordinary nutritive plasma by its low grade of vitality, which renders it incapable of undergoing the changes necessary to form healthy structure, and that this feeble vitality in the deposit is owing to an impoverished or degraded condition of the circulating fluids.

3. Tubercle is composed of the products of inflammation. Reinhart, the distinguished microscopist, is the ablest and most recent advocate of this doctrine. Reinhart sees in tubercles only the results of repeated chronic inflammations.

4. Tubercle is a compound of dead tissue element. Henle, the advocate of this doctrine, says: "Tubercles are bloodless dead globules, gorged with the dried up elements of the epithelium or with pus, heaps of granules, or granular cells, and these bodies continued in connection with the sound pulmonary tissues, as a gangrened limb is in connection with the sound portions." This doctrine has in substance been advocated by Gulliver, who declares tubercles "effete and shrunken primary cells."

5. Tubercles are composed of metamorphosed organized elements, a metamorphosis co-ordinate with the fatty and waxy degeneration. This is the opinion advocated by Virchow and some others, and, as we shall see, virtually sustained by the observations of Radcliff Hall. Schroeder Van der Kolk, who has examined with much care the process of tubercular development, says: "The wall of each healthy air-cell is everywhere covered with flat epithelial cells, of which some are

smaller, and appear like only nuclei. Others are larger and have a nucleus with more or less granular matter. Among these are some large cells filled with granular matter and some oil drops, which are easily distinguished from the walls of the air vesicles." If, however, we examine in a very thin section an air vesicle at the border of a tubercle, where, for instance, the blood vessels may still be filled with injection, we find no longer a single layer of these cells, but they are remarkably increased in number, and form sometimes two or more superjacent layers, till in the tubercle itself the whole air vesicle is filled with them. Dr. Schroeder Van der Kolk gives a series of drawings illustrating the progressive development of the epithelial cells, and observes: "It is hence evident that these cells which fill the air vesicles and make up the tubercles, are nothing but epithelial cells, which swell by imbibition of plastic matter exuded in the cavity of the air vesicles, enlarge and cast off from its wall. The cells which are thus placed in the middle of the air vesicle, are the oldest, i. e., they are farthest removed from its walls, longest exposed to the influence of the surrounding fluid, and thus also the largest. They are all filled with granular matter and oil globules, while in the larger an increase of nuclei takes place. If the tubercles be examined in a somewhat further advanced stage, when they present more tendency to softening, the larger cells are found in much less quantity, and in their place the air vesicle is again filled with smaller cells. Among these, however, are some larger cells, in which several nuclei or smaller cells are enclosed, which completely agree with the smaller free cells, so that no doubt can remain that in this state the larger cells are dissolved or burst, and the smaller ones set free."

These smaller cells or nuclei here referred to, are the bodies usually described as tubercular corpuscles. The principal conclusions to be drawn from the observation of Schroeder Van der Kolk, is that serous fluid or liquor sanguinis being effused in the air cells, will be imbibed by the cells of their epithelial lining, and that a succession of cells thus enlarged, are cast off into the cavity of the air vesicles, and therein to constitute the morbid structure of tubercle and hepatization. So far as the location and development of tubercle, Schroeder Van der Kolk is confirmed by the observation of Virchow, Reinhardt, and the more recent observation of Radcliff Hall, but differs from them in attributing these changes to inflammatory action. The most recent, the most careful, and perhaps most satisfactory observations on the character and development of tubercles are those made by Radcliff Hall, M. D., Physician to the Hospital for Consumption, &c.

DEVELOPMENT OF TUBERCLES.

Dr. Hall says: "Taking for example any tolerably distinct tubercle, we see with the naked eye that there is no abrupt line of demarkation between the healthy lung and the margin of the tubercle. A simple lens discloses further that the tubercle has not any distinct and even margin at all, but has a jagged, irregular outline from processes of tubercle jutting out into the surrounding lung. By means of the microscope, we perceive that the edge of one of these jutting

processes of tubercle is not the limit of the morbid change, but that what, on cursory inspection, appears to be not unhealthy lung immediately bounding the real tubercle, is in reality diseased, though not tuberculised. Running onward from lung which has no abnormal appearance, to the centre of a large, crude tubercle, we find as follows:

1. The pavement-epithelium of the air-vesicles is more nebulous.

2. Each epithelial cell becomes still larger and more cloudy, more prominent when seen in profile, and is studded here and there with oil-dots.

3. The epithelial cells become still larger and more fatty. In many of them no distinct nucleus can now be made out, but large dots of oil occupy its place. Some of the cells are detached, leaving the wall of the air-vessels in one part bare, in another coated with compound tubercular cells. These are the preliminary stages of tubercle.

4. We now arrive at the completed tubercle, which consists of compound tubercular cells, small free nuclei in abundance and granules, and occasionally an addition of a few fatty epithelial cells in various stages of disintegration—all being held together by a tough matrix.

5. So far the deposit has been confined to the interior of the air-vesicles. It now invades the inter-cellular tissue of the lungs. For the first time we find tubercle corpuscles amongst the fine fibres which form the frame-work of the walls and septa of the air-vesicles. These fibres are here and there broken into lengths, and the entire tissue of the affected lung has become the seat of tubercle. In the first stages, tubercle is only intra-vesicular—at last, it is intra-vesicular and interstitial. But it is to be remarked that, distinctly cemented in amongst the pulmonic fibres, we never find any of the compound tubercular cells, but only the free nuclei and granules."

The steps of the local morbid process then appear to be these: Fatty degeneration of previously normal epithelium; shedding of this, its replacement by fresh epithelium degenerate from the first, and rapidly becoming fatty; shedding of this, its replacement by large cells containing several nuclei; shedding of these, their replacement by free nuclei and granules embedded in a structureless matrix. Up to this point, the tubercle is intra-vesicular only. The pulmonic fibres are next enclosed and separated by the morbid exudation, and free nuclei and granule are formed between and amongst them. The tubercle is now complete.

"Tuberculation of the lungs then commences as a degeneration of a normal tissue, proceeds as a production of this tissue in a depraved form, next as an exudation, capable of following only the lowest process of organization up to maturity."

Dr. Hall says: "I would suggest the following explanation. The vitality of exuded plasma is partly inherent, partly dependent upon the adjacent living structure. When tuberculous plasma is exuded upon a surface whose normal office is that of forming epithelium, its subsequent cellulation follows as far as its own defective capability admits, the type of epithelial cell formation, presenting as the result

numerous aberrant forms of nucleolated-nucleated cell, or nucleated cell. When such a cell is small and contains a few granules, it constitutes what has been described as a nucleated tubercle-corpuscle. But when tuberculous plasma cellulates at a distance from the wall of the air-vesicle, it forms only that kind of lowly cell which its own unassisted capacity permits, and that is the unnucleated tubercle-corpuscle." *

It will be seen from the above that Dr. Hall takes a middle course between Williams on the one hand, who attributes tuberculosis to a degraded condition of the natural deposit of nutritive matter, and Schroeder Van der Kolk on the other, who refers it entirely to defect in the local organization, believing it the consequence of chronic inflammation. Dr. Hall thinks—and in this, I believe, he is sustained by most modern observers—that the tubercular deposit is independent of any inflammatory action, and although inflammation is very apt to supervene, that tubercles may pass through every stage of development, (except the destructive, that of softening,) without the occurrence of inflammation. It is very rare that tubercular deposits are fatal to life without the occurrence of inflammatory action or softening of the tubercles. I, however, once witnessed a post-mortem examination where death seemed to have been caused by the mechanical obstruction alone; both lungs were completely filled with miliary tubercles, and no appearance of inflammation or of softening was discoverable in either lung. We consider this condition of the system where the tendency to tubercular deposits exists as properly designated by the term "tuberculous," when connected with inflammation, as tubercular pneumonia. When the inflammatory process terminates in suppuration or softening of the tubercles, it constitutes "tubercular phthisis."

Though it may perhaps be said that these are only different stages of the same disease, yet this is not strictly true. Tuberculosis may exist and continue any length of time without inflammation; pneumonia may exist independent of any tubercles, and even suppuration or pneumo-phthisis may occur without the existence of tubercles.

(*To be continued.*)

PLURAL BIRTHS.—We know not whether the "baby-shows" have created a demand for human litters; but we have certainly remarked of late an usual number of instances of three and four children at a birth. The following instance of a quintette is from the *London Lancet* of April 19th:

On Sunday morning, the 13th inst., between the hours of 8 and 10, Mrs. E. Phin, wife of Edward Phin, a guard in the service of the London and North Western Railway Company, residing at 144 Scofield street, Bloomsbury, Birmingham, was safely delivered of five children—three boys born alive and doing well, and two girls born dead.—*Boston Med. & Surg. Journ.*

* Medico Chirurgical Review. April 1855.

EDITORIAL AND BOOK NOTICES.

COMMENCEMENT OF VOLUME.—The present number of the *Peninsular Journal* commences its fourth volume. As the close of the third volume was noticed in the June number, and some general remarks were made referring to the past, and expressing some of our future intentions, but few additional observations will now be necessary.

After three years of healthy existence, our Journal may be considered as having passed through the struggles and dangers of infancy, and though not yet having arrived at the full developement of complete maturity, it is in the vigor of advancing youth, and has every prospect of a good old age. Indeed, from the circumstances which surround it, we have reason to hope not only that the period of its developed manhood, but that its efficient usefulness will be protracted.

Of its general course, while under the control of its present proprietors, we will say that, while examining with candor and impartiality all suggestions from whatever source, which have plausible claims to improvement—while proving all things, it will inflexibly hold fast that which is good.

Efforts will be made so to combine the elements of conservatism and reform as to prevent the excesses of novelty seeking and novelty following on the one hand, and the folly of clinging to the effete and obsolete on the other. While deeply impressed with the fact that the science of medicine, like all other sciences complicated and imperfect, is progressive—while fully recognizing the importance to medicine of the rapid developement of the collateral sciences, and of the bringing into action and use the many new appliances for elucidating pathology and effecting therapeutical results—and while keenly appreciating the value of generalizations of men of enlarged capacities, based upon the constantly and rapidly accumulating facts of the past, yet we hope to be preserved from the vanity and folly of regarding nothing as valuable which has not the impress of novelty upon it, or of refusing to acknowledge that those truths are best established which have the sanction of the largest and longest experience, confirmed as such truths are likely to be, by the elucidations and explanations afforded by modern science. Having these views, we shall equally reject as exclusive counsellors and guides, both "Old Fogyism" and "Young Americanism" in medicine. While consulting "Old Physic" for his facts and experience, and cheering on "Young Physic" for his explorations, his enterprise and his zeal, we shall endeavor to follow

that spirit which combines the experience of the past with the novelties of the present, and arrives at conclusions in view of both. We shall seek for truths from all sources, regarding the newer the more interesting, the older the best established, and those most important which shall offer the greatest good to suffering humanity.

Charlatanism and imposition we shall denounce and rebuke wherever found—whether in high or low places—while within our sphere, truth and right, as we understand them, shall ever be sustained.

We shall continue to labor, and we hope with increased constancy and effectiveness of effort, for the organization of the profession upon a comprehensive and efficiently useful basis, and for its greater elevation and the preservation of its honor. To this end we shall continue to advocate reform in medical education, a higher standard of preliminary requirements, and a more thorough course of training in the schools, and the cultivation among medical men generally of a taste for a high order of medical literature. These are objects we have deeply at heart, and which we shall not cease to pursue.

Having as previously announced, enlarged our Journal to give it greater scope, and regarding it as among the established medical periodicals of the country, and one particularly adapted to the wants of the West, we respectfully call upon the profession to consider our claims, and if they regard us worthy, sustain by their patronage our efforts.

There is one view respecting the number of subscribers which we wish all our readers to take. Men naturally speak with more efficiency when standing before large audiences, and write with better effect when a large number of readers are addressed—and aside from the influences which a proper appreciation of our labors would have, as manifested by a just pecuniary response, and aside from the greater expenditure we could afford for improvements upon the Journal from a larger income, we should make it more acceptable, should give it more time and thought and energy, had we a larger subscription list. Will not those upon that list not only send in their dues promptly, but seek to obtain new subscribers for us? Such favors would be highly appreciated and would not fail of reward in the character of the Journal.

A. B. P.

Matters Personal.—Medical Card.—Dr. H. Perdbeau, German Homœopathic Physician, has the honor to offer his services to the inhabitants of Washington and vicinity. Dr. P. has been during the last three years assistant of the celebrated Dr. Hoffendahl, in

Boston, and feels confident to merit a share of the public patronage. Children and Female diseases, bowel and summer complaints, fall especially under his treatment.

Office on D street, 2d door west of 9th, where he will be found from 9 to 12 in the morning and 4 to 6 in the evening.

Residence I street, 188, between 20th and 21st.

References—Dr. Hoffendahl; Dr. Wesselhoeft; Humphreys R. Storer, Professor of Midwifery in the M. M. College in Boston, &c. (*Tri-Weekly Intelligencer*, May 13, 1856.)

In our issue for June at pages 564 and 5, after alluding to the preceding card in language which we supposed might give offence to the author of it, the following paragraph occurs, which is now reproduced, in order that the reader of the note from Professor Storer may be fully aware of the nature of the "attack" made upon him through this Journal, and of the degree of "scurrility" which entered into the structure of the language employed in making an enquiry, which we supposed would naturally arise in the mind of every medical reader of the *Intelligencer*, and which we believed Dr. Storer would thank us for giving him an opportunity to answer in a manner much more empathic and direct than he has chosen to do, in the note which he requests us to publish. Here is the paragraph referred to.

"This statement is made as a reason for instituting the enquiry, what relation this Dr. Storer bears to the medical profession of Boston? And whether it is possible that one of this name, affiliated to our friend H. R. Storer, M. D., can have so far forgotten the respect due his natural and professional allegiance, as to allow his name to be merged in the advertisement of a mountebank?"

Our readers, we think, will fail to perceive any "allegation" made by us, affecting the professional honor of Professor Storer, or, an "intimation" even, that he had done aught to tarnish that of the body to which he belongs, and by which he has been distinguished.

If David Humphreys Storer is not the person referred to by the Homœopathist, we have done him no wrong; but if he is the physician referred to, the wrong has been done by another party who should be called upon to make the required statement, instead of ourselves. Feeling that we can acquit ourselves, both of the desire and design, to wound either the honor or the sensibilities of a professional gentleman, we shall at all times hold ourselves under obligation, when convicted of either, to make the amplest reparation the case will admit of.

To Zina Pitcher, M. D., Editor of the *Peninsular Journal.*

Dear Sir:—In the last number of the *Peninsular Journal of Medicine*, I find a malicious and most unwarrantable attack upon me by one of its conductors, or with their permission.

As the President of the American Medical Association is senior Editor of that Journal, an importance may be attached to the article in question, which would otherwise be unnoticed. I feel called upon therefore, to state that this allegation, so far as it has referred to me, is *false*, and that, for more than thirty years, it has been my constant endeavor to maintain the honor of our Profession—and that no man has the right to call me "his friend" who would intimate otherwise.

Respectfully, David Humphreys Storer.

I will thank you to insert the above in your next number. That my reply may follow the slander. D. H. S.

The Putorius Goadbei, a Lusus Naturæ."—"During a recent visit to Grand Rapids, we were kindly presented, by our worthy host of the Western Hotel. Mr. Squier, with the skin of a Mink, which presents some very curious and interesting particulars."

"We have consulted several works on Natural History, with a view to acquire some information concerning the animal; but we have done so in vain. We do not find its name any where mentioned, and whether its authography should be Mink or Minx, is more than we at this moment know."

"As regards the head and anterior part of the body, every part is quite normal; but continuing our observations along the ventral surface of the body, we find a total absence of the hind extremities, and the tail appears to be turned upside down. Upon turning the skin over to examine the back, we shall find that the hind legs are *there* placed, but in a natural position—i. e. with the toes in the direction of the head."—*Medical Independent.*

The readers of the *Medical Independent* will associate the foregoing extract with an idealized sketch of this remarkable animal, contained in the *April* number of that periodical. But whether the Indian who killed the Mink, which was the subject of this sketch, belonged to that tribe who hold to be sacred the first day of that month, does not appear in any account we have seen of the animal, or of its death.

It would not be right to suppose that our readers do not know enough of zoology, to assign the Mink his proper position among the vertebrata, (if it had a back bone at all) so far as the class and order are concerned.

The generic and specific characters are all that we deem it necessary to give an account of for their information.

GENUS PUTORIUS.—CUVIER.

"*Dental Formula.*

Incisive $\frac{6}{6}$; Canine $\frac{1-1}{1-1}$; Molar $\frac{4-4}{5-5}$; = 34.

Animals of this genus emit a fœted odor, and are nocturnal and predaceous in their habits. There are about fifteen species of this genus, six of which belong to America, and the remainder to the Eastern Continent."

The generic name putorius is from the latin putor, a fœted smell, in less elegant saxon, a stink.

Species—Putorius Vison, Linn. Variety, Putorius Goadbei, alias the revolving or double action Mink.

MINK.

"P. fulvus; mente albo; auribus curtis; pedibus semi palmatis; cauda corporis dimidiam longa.

Musleta marte minor."

The Mink, though diminutive in size, is in character an audacious villain. He will steal the chickens and ducks of his best friends, for which purpose he will even hide himself in the cracks and crevices of a hen-house, till his victims fall asleep.

Although so bold and impudent, he has not so much cunning, but that he may be caught in the simplest kind of a snare, if set and baited by an Indian.

He is a resident of nearly every part of North America. Richardson saw him on the Mackenzie River as far north as 66°; and he was noticed by Governor Smith, of Virginia.

There are some striking and permanent varieties of the Mink or Putorius vison, both in size and color. They are also made to vary in character and mental constitution by domestication and by moral influences, as they may happen to have been treated with unrequited kindness, or been accustomed to meet the rebuffs, their impudence so justly entitles them to receive.

But the most remarkable deviation, not only from the type of the genus, but from the general law of architypes, apparently occasioned by some social or physical influence, ever presented to our notice, is to be found in that variety of the Mink, known as the Putorius Goadbei. We say apparently, because the doctrine that arrested development is the cause of monstrosity, is not illustrated in the specimen under consideration. We do not know that the fur of this

animal is possessed of any particular value, but have had demonstrative evidence of its power to emit a most offensive effluvium, when particularly excited. And above all of its congeners, it is distinguished by its mode of progression, running sometimes one side up and sometimes another, being for this purpose endowed with a peculiarly constructed vertebral column and spinal cord, which, like a Colt's revolver, may be so turned as to keep in apposition the rotary ends of the motor tracts of the medulla spinalis, whereby the acts of the will shall not be expended upon the wrong set of legs, and produce the embarrassment that might result from an attempt to run both ways at the same time.

Considered anatomically, the Putorius Goadbei is a phenomenon, and there is good reason for doubting whether such another specimen can be found out of that country where mendacity is not regarded as one of the attributes of the subject, nor mendicity acknowledged to be one of the estates of the realm.

For further information we refer our readers to Pennont's Arctic Zoology, Franklin's Journal, Richardson's Fauna of North America, The Geological Survey of the State of New York, and Audubon's Quadrupeds, unless the question should be raised, as to whether our animal is a biped or a quadruped, and so decided, as to preclude the propriety of such reference last made. T. P.

Commencement of the Literary Department of the University of Michigan.—The exercises of commencement week at the University were of an interesting character, extending from Sunday evening, June 22d to Wednesday evening, June 25th.

They consisted of an address before the Missionary Society by Rev. H. G. Blinn, of Tecumseh—a Poem before the Literary Societies by B. F. Taylor, Esq., of Chicago—an Oration before the Chi Psi Society by Alvin S. Higgins, of Flint—an Oration before the Literary Societies by Prof. John Lord, of Stamford, Conn.—of the exercises of about twenty graduates in the degree of A. B.—the Baccalaureate of President Tappan—and an Address before the Society of the Alumni by Rev. Nathan West, a former graduate of the University, now of Cincinnati, Ohio.

A very large number were in attendance, many from distant parts of the State, showing an appreciation by the people of the Institution, and every thing throughout was done in the most satisfactory manner. The University in all of its Departments is in a high state of prosperity.

American Scientific Association.—America (says the *New York Herald*) has never seen such a gathering of savants as Albany will witness in August next. The annual meeting of the American Scientific Association will take place in that city during the third week in August, and invitations have already been extended to most of the distinguished savants of Europe. Some of these have been accepted, others have apparently declined the invitation on the ground of expense. Scientific men being, as a rule, by no means the richest, in any community. To obviate this difficulty, the Association have addressed letters to the various transatlantic steamer and packet companies, enquiring whether one or more free passages could be placed at the disposal of scientific men from Europe, in order to enable them to attend the meeting in August. The Association is too poor to be able to defray the expenses. Answers have been received from several companies, and a number of free passages have been cordially promised. It will, therefore, be in the power of the Committee to invite over a score of the most learned men of Europe to Albany, and enable them to make the trip and return without expending a cent. Even should the hotel-keepers be likely to evince less liberality than the steam-ship companies, the ancient Knickerbocker hospitality has not yet died out. Nor will the proceedings in August be unworthy the attendance. The State Museum of Natural History is to be inaugurated, and Wm. H. Seward is to deliver a lecture on the occasion. A like ceremony will take place at the Dudley Observatory—an institution that promises to be of signal service to the maratime and railroad interests of the State, and Edward Everett will deliver the oration.—*From the Ed. Med. & Surg. Journ., May,* 1856.

☞ Dr. Mutter, influenced by his failing health, has resigned the Chair of Surgery so long and ably held by him in the Jefferson Medical College, and Dr. S. D. Gross, Professor of Principles and Practice of Surgery in the University of Louisville, has been unanimously elected by the Trustees of the College to fill the vacant chair. The Board of Trustees have conferred upon Dr. Mutter the honorary distinction of *Emeritus Professor of Surgery.* No better appointment could have been made than that of Dr. Gross.

☞ We are compelled to postpone until the next number a notice of the Army Meteorological Reports, which was designed for and hoped to be published in this.

To DENTISTS.—We are requested to state that there will be an adjourned meeting of the *Western Dental Society* held in Chicago, commencing on Wednesday, July 30th, at 10 o'clock, A. M., for the purpose of improving the science and art in which those of that profession are engaged. The invitation is general to all Western Dentists. We are glad to see these evidences of a desire for improvement in this profession kindred to ours. American Dentists have already the reputation of being superior to any in the world, and we hope they will so advance as to maintain that reputation.

☞ We have on previous occasions had occasion to speak of the excellency of Tilden's Extracts, and are now requested to state that, in consequence of the increasing demand for them throughout the North West, an agency for their sale has been established in Chicago.

J. P. Jones is the wholesale agent for Tilden & Co.'s Pure Medicinal Extracts, No. 11 South Water st., Chicago. Those wishing pure extracts cannot do better than order these.

THE MEDICAL PROFESSION IN ANCIENT TIMES. *An Anniversary Discourse delivered before the New York Academy of Medicine, November 7*, 1855. By JOHN WATSON, M. D., *Surgeon to the New York Hospital.* (Published by order of the Academy.)

No one who has not undertaken the investigations necessary to be made, to qualify himself to write the history of his profession, can properly appreciate the amount of obligation he is under to Doctor Watson, for the labor he has performed with a view to facilitate the enquiries of others, in preparing this small volume, (222 pages) for the press.

The mere utilitarian will not admire or appreciate this performance; but every man who loves the literature of his profession, who has the moral courage to read or quote an ancient book, who consults the records of the past as we would count the mile-stones on the high-way of life, in order to ascertain how far we have already advanced, and how much of space there yet remains to be overcome, will thank him for providing so faithful a guide book, to direct him in the pursuit of "truths, both near and old."

As an antidote to the egotism which characterizes this age, I would advise every practitioner who imagines himself an impersonation of young America, to purchase and read this elegant and classical production of one of the most erudite members of the American Medical Association.

THE AMERICAN JOURNAL OF EDUCATION. Edited by HENRY BARNARD, L. L. D.

This is a journal which we welcome to our exchange list with anticipations of much pleasure and profit from its perusal. It fills a void in our periodical literature, which has been very much needed, proving itself a reliable source of information on whatever relates to educational matters, which knowledge, though constantly required and sought for by all interested in the progress and elevation of the people, and of especial necessity to the journalist, has yet been of difficult attainment from there being no well known and reliable source of reference.

That this will prove itself the highest authority on these subjects, we may confidently expect from the high reputation of the editor as a scholar and author of works on educational subjects, from his extensive acquaintance, both in this country and abroad, affording him great facilities of information, and from the interest which he has for years taken in these matters. Henry Barnard has filled the office of Superintendent of Education in Rhode Island and Connecticut, and and has a reputation abroad as the author of "School Architecture" and "National Education." The enterprise now engaged in, merits the highest success.

THE CAUSES AND CURATIVE TREATMENT OF STERILITY, WITH A PRELIMINARY STATEMENT OF THE PHYSIOLOGY OF GENERATION. With colored Lithographs and numerous wood cut illustrations. By AUGUSTUS K. GARDNER, A. M., M. D., &c., &c., &c. Published by DEWITT & DAVENPORT, New York.

We have a decided preference for monographs on medical subjects over epitomes. That feeling has been gratified in the perusal of this little volume, which has grown in interest with every successive page.

Commencing with the physiology of generation, the author has grouped together all the authentic facts which relate to that important function, whether we consider its relations to the health and happiness of the individual, or the condition of the race for whose perpetuation the organs connected with it, are the appointed instrumentalities.

His chapters on the pathology and therapeutics of sterility are equally copious, clear and practical.

The work of course is mostly a compilation, but none the less valuable for the reader on that account, who is thereby saved the labor of searching the transactions of scientific bodies, the journals of

the profession, and the perusal of works not readily accessible to the active working members of it, for the information here placed in their possession at a trifling cost, both in money and mental labor.

Although the materials for the construction of the work are so obviously drawn from other sources, there is enough of independent and original thinking in the volume to entitle the author to our respect. There are passages in the book, which evince a little of the spirit of Young America, but not sufficient to give serious offence to the conservative reader.

The style of the author is sprightly and pleasant, and we regard his book as a valuable contribution to practical medicine.

For sale by W. B. Howe, successor to Elwood & Co., Detroit.

Tully's Materia Medica.—No. 18, for April, of this compendious work has been received. We have not yet received No. 17.

Contents of No. 18—Continuation of Proem to Class Tonica. Proem to Class Styptica. Proem to Class Adenagica.

MISCELLANEOUS.

GLEANINGS FROM OUR EXCHANGES.

Canabis Indica in Convulsions, reported in the *Western Lancet*. Dr. R. R. McMeens, of Sandusky, O., has met with very successful results from the use of the above remedy in those Infantile Convulsions, "unattended with any prominent vascular disturbance, painful dentition, or important cerebral implication, but obviously excited and sustained by intestinal irritation, induced from vitiated secretion, crude ingesta, or the mere accumulation of flatus in the bowels, &c." He details a series of four cases of this nature, all successfully treated, and states that he has also administered the same in several conditions of nervous disorder with more or less benefit. He concludes from the exemplification of its action observed in the cases just detailed: "I view it as an agent possessing properties of peculiar adaptation to the existing indications, from the the pleasant inebriancy it produces, the prompt influence it exerts over the motor system, and the diffusion of excitement and general relaxation it establishes, thus subverting all sympathetic complications, and restoring nervous composure and quietude, without impairing the appetite, checking secretion, or constipating the bowels."

Amaurosis Relieved by Cataract Operation, by G. A. Kunkler, M. D., reported in the *Western Lancet*.—The patient, a strong healthy man, aged about 47, had been injured about four years previous by a horse kicking him on the head above the right eyebrow, which was followed by violent inflammation of the right eye. He recovered from this, and in the same year discovered that he was rapidly losing the sight of this eye, until at last it was extinct. About five months before the operation he noticed that he was also losing vision in the left eye. On examination, a fully developed lenticular cataract was discovered in one eye, and amaurosis in the other. After preparing the patient for a week previous, the operation of removing the cataract by extraction was performed successfully, chloroform being used, and the upper section of the cornea made. High inflammatory action supervened, but was readily subdued; the wound of the cornea healed by first intention, and three days after he was allowed to use the eye in a moderately lighted room. On the sixth day after the operation, the patient began to remark that he saw quite distinctly with the amaurotic eye, and after going out, it was fully confirmed, the eye having almost regained its natural power. The sight of the operated eye was also very good; the focus of the two eyes was however so different, that for a while he was compelled to keep one eye closed in walking abroad, but after procuring carefully adjusted glasses, he had no more trouble, and enjoyed comparatively good sight.

Antidote to Strychnia.—M. Guiboust lately stated to the Academy of Medicine that, having observed a dog in violent convulsions, in consequence of eating one of the compound balls containing strychnia, he forcibly made it swallow powdered gall-nuts, when the convulsions ceased immediately. Ipecacuana was then given to the animal, but the latter could not vomit. The next day milk was given to it and manna, after which the dog recovered. M. Caventon said that the infusion of galls was a very effectual opponent to vomiting, and that he had observed it destroy the power of Tartar. Emetic. M. Orfila had already advised the administration of this infusion in cases of poisoning by opium and salts of morphia.—*Bulletin Universe and Boston Med. & Surg. Journal.*

Muriate of Morphia and Coffee in Neuralgia.—M. Boileau reports that he has derived great relief in the paroxysms of neuralgia from the administration of the muriate of morphia in a very hot infusion of higly roasted coffee. The dose is one centigramme (one-seventh grain) for an adult, and less in other ages and in peculiar temperaments. This may be repeated when a violent paroxysm recurs, and if necessary, it may be increased by frictions; but M. Boi-

leau has never gone beyond two centigrammes.—*Med. Times & Gaz. and Boston Med. & Surg. Journal.*

The Physicians of Allegany, (is'nt it Allegan?) Mich., have adopted a set of rules, one of which we should like to see tried on. They mutually pledge themselves not to attend a patient, unless the physician previously in attendance, shall have been "regularly discharged and satisfactorily compensated for his attendance." And in case the patient refuses to settle his back scores, they decline to attend him altogether. Being sick is a luxury. If some folks had to pay for it punctually, they would indulge in it less frequently.—*Med. Times.*

We mistrust the practicability of this rule, although it is to be hoped it may work advantageously. There is no more reason, nor as much, why the physician should be necessitated to wait six or twelve months for the just remuneration for his services, than the apothecary who prepares the medicines, or the nurse who takes care of the patient, or even than the grocer who supplies his provisions, or of any other minister to his wants. Nor is there any reason why he should be expected to give confidence and credit to perfect strangers without responsibility, more than with other business men. The laborer is worthy of his hire, and if the laws are made to prevent men from collecting their dues, it is right that bodies should make regulations to protect themselves.

Startling Mesmeric Effects.—Under this head the *Philadelphia Medical Examiner* publishes the following case:

"The *Johnson* (*Mich.*) *Citizen* of last week says: "Dr Samuel P. Hart was tried in Circuit Court, Judge Johnson, for committing a rape on the person of Miss Caroline Church. He was convicted, and sentenced to ten years imprisonment in the State Prison. It appears from the evidence that Miss Church was being magnetised by the defendant, for a paralysis of one limb and an arm. Some nine months subsequent she was delivered of a child. She swore that she did not know whose child it was; that she never had intercourse with any man to her knowledge, and that she did not know her situation until confined. The parents of the girl swore that young men did not visit her, and that the defendant had ample opportunity to commit the offence. The people also introduced two gentlemen who have been in the habit of magnetising, so as to render the patient unconscious. The trial lasted two days. A. Blair appeared for the people, and S. C. Wood for the defence.

"*It must be pleasant to live in a country where men are thus convicted of infamous and atrocious crimes without a particle of proof, but simply because the jury did not know who did commit them, if the party on trial did not.* There does not seem in this case to have been the least evidence of the guilt of Dr. Hart, nor any

attempt to prove anything more than he might have committed the offence, if he had been so disposed."

The Italics are our own. We think it must be a mistake in charging the above as a specimen of Michigan justice. We think there is no such publication in our State as the *Johnson Citizen*. There is certainly no place of that name in the State. The other names are unknown to us, with the exception that we have on the bench a Judge Johnson, an upright and honorable man. But this is not to the purpose; what we have to say, is to express our surprise that the writer of the above should have so soon forgot the very similar and equally unjust sentence of Dr. Beale, occurring in his own city. "How pleasant it must be to live in a country where men are thus convicted of infamous and atrocious crimes without a particle of proof," &c.

University of Michigan.—The present number of the Journal is illustrated by plates of the grounds and buildings of the above named institution, justly the pride of our State. Most of our readers are probably familiar with the objects represented, and will at once recognize the landmarks. All, however, are not so well posted up in the history of the University. The following brief history is taken from the Manual for the members of the American Med. Association at its recent session in this city, for which it was written by Jas. V. Campbell Esq., of this city, for several years Secretary of the Board of Regents:

The University of Michigan is established upon an endowment made by the General Government. The first Legislation of the Continental Congress, concerning the lands in the North-West, had provided for setting apart one section out of thirty-six in every surveyed township for purposes of general education. This Legislation has been uniformly followed up wherever there are public lands, and this endowment is the foundation of our Common School Fund. It was intended originally to build up schools in the several townships. (each section for its own township.) and now that the land has fallen into the hands of the State, its income is applied as generally as possible with that view. In 1804, Congress appropriated a full township of land in each of the Districts now known as Indiana, Illinois and Michigan. for the support of a Seminary or University in each. This was the first provision for a University, as distinguished from the local or common schools. The design evidently was to furnish to the people, at the expense of the Government from whom they bought their lands, a complete course of education from the foundation upward. Subsequent additions were made to the University Fund of Michigan by the United States; and in 1826, in lieu of one compact township, an appropriation was made of land *equivalent to two entire townships*, but in detached bodies, and to be selected with a view to

securing the best lands in the District. This latter selection was judiciously made, and the University Fund created by it will, when made productive, support an institution of the first order.

Nothing was done towards establishing a University until 1817, as there was no pressing need of such an institution in the thinly settled territory. In that year a law was passed, entitled "An act to establish the Catholepistemiad or University of Michigan." This act, which is curious in some respects, provides for a University of thirteen Professorships, embracing nearly the whole scope of human knowledge. Law only was excluded. The President and Professors were empowered to establish "colleges, academies, schools, libraries, museums, athenæums, botanic gardens, laboratories, and other useful and scientific institutions," and appoint their officers and teachers all of whom, like themselves, were to be paid out of the public treasury. The University Professorships were as follows: 1 Catholepistemia, or universal science, (to be filled by the President). 2. Anthropoglossica, or literature, embracing all the Epistemum or science relative to language. 3. Mathematics. 4. Physiognostica, or Natural History. 5. Physiosophica, or Natural Philosophy. 6. Astronomy. 7. Chemistry. 8. Iatrica, or Medical Sciences. 9. Œconomia, or Economical Sciences. 10. Ethica, or Ethical Sciences. 11. Polemitactica, or Military Sciences. 12. Diegetica, or Historical Sciences. 13. Ennoeica, or Intellectual Sciences, embracing all the Epistemum, or science relative to the minds of *animals*, to the human mind, to spiritual existence, to the Deity, and to religion. The Professors were public officers. It is needless to say that this scheme never went into operation.

In 1821, this law was repealed, and the corporation became merged in a University system in the hands of Trustees appointed by the Territory. These Trustees were empowered to establish and superintend colleges, schools, &c., depending on the University. This institution continued to exist under the law until altered and revised under the State Constitution and laws.

Upon admission of Michigan into the Union, the State was made Trustee of the University Fund, and assumed the obligation of correctly managing it. In 1837, the whole subject was reviewed, and a law passed, under which the University affairs have been regulated ever since, with few changes. Its affairs were to be managed by a Board of Regents. It was to consist of three departments: 1. the department of literature, science and the arts; 2. the department of law; 3. the department of medicine. Fifteen Professorships were established in the first department, five in the second, and six in the third, room being left for further subdivisions of labor, if necessary. Branches were authorized to be established as preparatory departments. The tuition in the University was always required to be *free*. The institution was located at Ann Arbor. Appropriations were made for buildings, and for purchasing a cabinet and library. With a view to provide facilities for prosecuting the natural sciences, and forming collections of the natural productions of the State, Dr. Asa Gray was appointed Professor of Botany and Zoology, and des-

patched to Europe to purchase the library; and Dr. Douglass Houghton, Professor of Geology and Mineralogy—Dr Houghton had charge of the Geological Survey of the State—and Dr., now Professor Sager and Mr. Wright were attached to the Survey in the Botanical and Zoological department. The labors of this Survey were ably performed, and, although not completed, have added largely to the fame of the State and the scientific resources of the University. The lamented death of Dr. Houghton put an untimely end to its prosecution.

Branches of the University were established in several places, as soon as the Regents had time to act; and they were organized as preparatory departments to the College. In 1842, the first College class was formed, and thenceforward the operations of the University proceeded on the same footing with those of other Colleges, the Professorships being filled up as fast as necessity required. In 1845, the first graduating class completed their course.

The plan originally adopted embraced a range of studies corresponding with the ordinary college studies, and embracing the classics. The funds of the institution having increased sufficiently to permit it, a parallel scientific course has been introduced, so that students desiring to pursue the higher English branches, with mathematics and the natural sciences, may do so without being compelled to study the dead languages. Every facility is furnished for these pursuits, including civil engineering, astronomy, chemistry, and the other cognate sciences.

An observatory has recently been erected, chiefly by contributions from citizens of Detroit, and known as the Detroit Observatory, which, in addition to other instruments, possesses a telescope and a transit instrument of the best class. The observatory is under the charge of Dr. Brunnow, Professor of Astronomy in the University, and well known to the scientific world as one of the first astronomers of the age.

The course of study in the University is free to all, no charge whatever being made for tuition. The present number of students in the collegiate department is 223, and their numbers increase rapidly each year.

The medical department of the University was established in 1849. The instruction here, as well as in the collegiate department, is free. Although in operation but a few years, it has met with the most gratifying success. The present number of students is 152. The corps of professors is an able one, and in addition to the usual advantages, the students have the benefit of the library and apparatus of the whole University besides access to well stocked museums.

The law department has not yet been organized. Facilities, however, are presented for the prosecution of a University course proper, which, when completely established, will embrace every department of learning, for which provision is made in the best European Universities. The library and cabinets are well stored, and such additions are made to them constantly as are calculated to add to their practical usefulness.

THE PENINSULAR

JOURNAL OF MEDICINE

AND THE COLLATERAL SCIENCES.

VOL. IV. AUGUST, 1856. NO. II.

ORIGINAL COMMUNICATIONS.

ARTICLE 1.

Case of Enchondroma or Cartilaginous Tumor.

BY WM. BRODIE, M. D., DETROIT, MICH.

Peter Koll, aged 32 years, was admitted into St. Mary's Hospital in this city, Feb. 14, 1856, complaining of a pain running through his back and shoulders, a fullness of his chest and stomach, and, at times, of palpitation of the heart. He had been employed in a factory on the Mississippi River for some time, and for the past three years had not enjoyed very good health.

Physical examination of the chest revealed no particular disease excepting a very weak regurgitation with the second sound of the heart. After remaining in the Hospital for nearly a month, he complained of a weakness in his left leg and hip which led to an examination, when a large tumor was discovered pressing out below Poupart's Ligament, and looking towards the thigh of the right leg, and crowding the organs of generation towards the same, and extending downwards on the thigh eight inches below the Ligament of Poupart. The tumor itself appeared insensible unless pressed much in examination, when the patient complained of a dull aching pain extending over its surface.

He dated his first discovery of the tumor nearly four years back, by finding a small hard lump in his groin, and which continued to enlarge, at times remaining apparently stationary, then again growing

rapidly, especially after the critical examination held, when it seemed to take a fresh start and grow very fast.

The tumor was examined *in situ* by Drs. Pitcher, Tripler, others and myself, and although some slight difference existed in the diagnosis, yet, all were of the opinions of its cartilaginous nature. The tumor appeared to have its origin from the ascending ramus of the ischium, and to be slightly movable on its point of attachment.

The patient was afterwards examined by a number of surgeons from different parts of the country who were in attendance upon the meeting of the American Medical Association, and although different diagnoses were expressed, yet all recommended its removal.

On the 12th of May the patient was placed on the operating table. Drs. Pitcher, J. B. Flint, of Louisville, Ky., Brown, Gunn, Davenport, Christian and Lauderdale present. The patient was then brought under the influence of chloroform by Dr. Pitcher. I proceeded in the removal of the tumor, (assisted by Dr. Davenport,) by making a V incision, having its base over Poupart's Ligament, and the apex at the anterior border of the tumor. Upon dissecting off the flap, the Sartorius, Gracilis and Adductor Longus were found spread over the surface of the tumor like a broad ribbon. The femoral vessels and nerves were carried to the outside of the tumor, so that they were not in the way. The fleshy band covering the tumor was then removed, and the periosteal covering of the same exposed, through which could be seen the pearly white color of the tumor. The attachment was then cut through and the tumor removed.

Upon examining the stump, a portion was found remaining, filling up the thyroid foramen and extending into the cavity of the pelvis. The removal of this latter part was not deemed advisable, as the hope was expressed that it would be discharged by the ulcerative process. The integument was then brought together by sutures, and the wound covered by a pledget of lint, and the patient put to bed.

The removal of the tumor occupied sixteen minutes, during which time the patient was inhaling the chloroform, at intervals. Copious emesis followed the anæsthesia, attended by some faintness; but little blood was lost during the operation, which was derived from some venous trunks being divided in their connection with the tumor.

The patient was made as comfortable as possible, and diffusable stimulants administered as deemed necessary.

May 13th. Reaction not fully established; pulse small and weak; the surface covered with a cold clammy perspiration; nausea with occasional vomiting continuous since the completion of the operation.

Slight hemorrhage from the wound had taken place during the night. Wound looked healthy. Treatment: Stimulants continued, with hot applications externally.

May 14th, A. M. Symptoms not improved; had slept some during the night, but appeared in no way refreshed; nausea and vomiting had ceased; pulse still smaller and weaker. Treatment continued as before.

4 o'clock P. M. patient died.

May 15th. Antopsy was held twenty hours after death, in the presence of Drs. Pitcher and Brown. Upon examination of the thorax, the lungs were found slightly adherent to the walls, which adherence must have existed for some time. The lungs were healthy in texture; in the apex of the right lung was found a few small hard concretions closely embodied in their cicatrices.

The color of the lungs such as is usually found in the cadaver, a slight effusion had taken place in their substance; most probably serous.

Pericardium healthy, and containing the usual quantity of fluid.

The heart appeared hypertrophied, and when removed and emptied of its clots, weighed 12½ oz. avoirdupois. The right side of the heart contained a small quantity of blood; the left was empty, excepting the ventricle, which contained a mass of fibrin. The Hypertrophy was confined to the left ventricle entirely. The aortic valves were found to be the only ones diseased. They appeared as though they had been trimmed off with a knife, and the borders had become smooth and rounded, so as to produce scarcely any obstruction to the flow of blood in its passage to the aorta, or prevent in the least its return. The aorta itself was much thickened in its coats, and doubtless aided the ventricle in a greater degree than normal to propel the current onward.

Why the regurgitative sound was so slight, was owing probably to the evenness of the remnant of the valves and the powerful influence of the aorta in its action on the current of the out-going blood, the valvular opening being almost as large as the aorta itself.

The greatest point of interest to the surgeon was the cavity of the pelvis, as nothing was found abnormal in that of the abdomen. In the examination of which, the bladder was found pushed upwards and resting in the right illiac fossa; to the left, the internal part of the tumor was seen as represented in *plate* 2, *posterior view.*

The femoral vessels and nerve were carried outwards by the external growth of the tumor, so as to make their exit through the

anterior inferior notch of the Illium, when they dipped down and around the outer border of the external portion of the tumor.

As seen in *plate* 2, the tumor was composed of three lobes, internally, of the same character as the external, with the exception of the lower lobe to the left which was hollow, and contained about a table spoonfull of jelly like fluid and of a reddish color.

The femoral portion, as seen in *plate* 1, was formed of three parts on its surface, but which all united to form the mass. The external portion being to the internal as 7 to 1. The entire weight being 4 lbs.; the external weight 3½ lbs.; the internal ½ lb.

The origin or place of attachment was the under surface of the spine of the pubis, the thyroid border of the body of the same and the plane surface of the pubis, bounded by the spine, the upper third of the thyroid foramen and the symphysis pubis.

The upper lobe, as seen in the Posterior view, being a part of the main tumor, pushed through the foramen in its growth. The two lower portions, offshoots from the same.

The color of the tumor was pearly white, and seemed to be made up of numberless small ones of the size of an ounce bullet and less. Its consistence was very firm, but elastic, and required a sharp scalpel to cut it.

In reference to the literature of Enchondroma, we find it fully described by Paget in his Surgical Pathology, page 421, and onwards, Rockitansky *Anat. Path.*, vol. 1, page 143, and vol. 3, p. 148.

Our space will not, however, permit us to make that amount of extracts necessary to the demonstration of this class of tumors. We must, therefore, refer our readers to the authors above mentioned, and whose works should be in every medical library. In brief, we say that the case reported was one of the variety called and known as conglobate or conglomerate, having its origin without the bone, and covered with an investment of periosteum. We were informed both by Drs. Watson and Wood, of New York city, that they had met with similar cases in their practice. Dr. Wood relates one where the tumor had grown so large in the cavity of the pelvis as to obliterate the rectum, and cause an abnormal opening to take place to relieve the patient of his fæces.

In reference to our own case, we are satisfied that had the patient not been operated upon, he might have been living this day. At the same time, it was one of those which as far as external observations went, fully warranted the operation.

We are also fully satisfied that, had the patient come under the surgeon's attention two years before or even as soon as the enlargement was first noticed, and had it been excised at that time, the case doubtless would have been a successful one. As it was, only two alternatives presented, viz: death at some future day, and the hope of recovery by an operation. The latter was accepted with the result as above stated.

We, as well as our readers, are indebted to Dr. Davenport for the faithful delineation which he prepared for the Lithographers, showing as it does the position of the tumor on the pelvis and the conglomerated appearance of its surface.

ARTICLE II.

For the Peninsular Journal of Medicine.

[From the Archives Generales, May 1856.]

Of the Possible Cure of Suppurative Arthritis with the Preservation of Mobility.

BY DR. HYPPOLITE BLOT,

Chief of the Obstetric Clinic of the Faculty of Medicine of Paris.

The object which I have proposed to myself to accomplish, is sufficiently indicated by the title of this essay. I wish to adduce facts, to prove what I have not seen mentioned in any, either of our classical treatises, or in monographs on the diseases of articulations, viz.: that a termination of suppurative arthritis with the preservation of motion in the joint is, if not a common, yet at least a possible event.

To demonstrate the correctness of what I have stated in relation to the opinion of surgeons upon the different modes of termination of suppurative arthritis, it will be sufficient to adduce a few passages from the principal authors that I have been able to consult in relation to this subject.

Boyer and the surgeons who preceded him, do not describe at all the inflammations of the joints as distinct diseases; they include their history in that of white tumors, and, in relation to these, they agree in stating that, when these affections are complicated with purulent effusion into the joints, anchylosis is the most fortunate issue that can take place. To find these diseases separately considered, it is necessary to refer to treatises that are altogether modern.

In the *Dictionary of Medicine* we find Velpeau stating that "the least that can happen, when suppuration occurs in such cases, is an *irremediable anchylosis.* In other cases he may be so fortunate as to find the discharge to cease, at least in part; the general sympathies become quiet, the affection becomes purely local, permitting to the surgeon the possibility of a complete removal of the disease by amputation, or resection of the articulation."

In relation to articular ostitis, Sanson thus expresses himself: "Difficult to arrest, even in its incipient stage, it becomes almost impossible to check the disease when suppuration is established. We may then but very rarely hope for a cure, and that generally with an anchylosis of the bones."

In the same work, (El. de Path. Med. Chir., 4th Edit.,) in reference to traumatic arthritis, we read again: "When pus is formed in the interior of an articulation, the disease becomes much more serious. Imprisoned in a capsule, the pus effects a change in the synovial sac, the cartilages become eroded, and terminates by involving the spongy extremities in destructive caries. Sometimes a point of the articular capsule is destroyed, and the pus burrowing in the cellular tissue forms often extensive sinuses in which it accumulates and becomes decomposed. The life of the patient is then doubly compromised, by the abundant suppuration and by the effect of its resorption; *anchylosis is inevitable.*"

M. Bonnet, in treating of the prognosis of arthritis, concludes by saying: "The gravity of those cases in which pus is generated in the articulations, is much greater than when it results simply in the formation of false membranes. The necessity of an amputation is then always to be apprehended, and under the most favorable circumstances, if a large joint is affected, a year or two may be required to complete a cure, and then *only at the expense of an anchylosis.*"

M. Begin, in treating of traumatic arthritis, concludes his article relative to the prognosis and termination of the disease, as follows: "In the rarest and most fortunate cases, the secretion of pus gradually abates; from all the parts surrounding the joint, from the synovial membrane as well as the cartilages, cellular and vascular granulations arise, which, coalescing, obliterate the cavity of the joint and cause a firm and solid adhesion of all the contiguous parts. The joint of the patient is then *irremediably anchylosed.*"

In the same work, (Dict. de Med. et de Chir. Prat.,) in speaking of rheumatismal arthritis, M. Roche says: "In some cases the synovial becomes inflamed and suppurates, the cartilages become eroded

and ulcerated, the bones become softened and carious, and there is no resource but in amputation or in resection of the joint."

M. Vidal is no less explicit. "In all cases in which it becomes necessary to make a prognosis," says this author, "it should be given with much caution and reserve, for it is either due to an internal cause when it is complicated and will recur, or it is of a traumatic origin, in which case it becomes extremely grave; for if the patient is cured, it will only be at the expense of the functions of the joint.'

As to M. Nelaton, occupying a purely surgical point of view, and not having devoted a special article to the consideration of arthritis, he has not found it necessary to express an opinion upon the diverse modes of termination of this affection.

In the *Compendium of Surgery* the following occurs relative to acute arthritis: "When it terminates by suppuration and the formation of an abscess in the joint, we have every thing to fear, and amputation may become necessary to save the life of the patient."

From all the citations that have been adduced, it is evident that authors are unanimous in the opinion that suppurative arthritis always presents an unhappy mode of termination, the patient sometimes succumbing from purulent infection, in others, amputation above the joint or resection becomes necessary; and again, in others, more rare and perhaps more fortunate anchylosis occurs, and the patient is cured with loss of motion of the articulation. I will only add that, having interrogated most of our masters of surgery in reference to their having observed any other mode of termination than those above indicated, I have uniformly received a negative response.

Besides, I have searched in vain for facts analogous to those which I shall report, in the rich collection of cases published by Brodie upon this subject as well as in most of the leading French periodicals.

It seems to me, therefore, interesting to report certain observations made already some time since, which conclusively establish the fact that another and more fortunate mode of termination of suppurative arthritis than those before indicated, is possible; to wit, *a cure with preservation of the motion of the joint.*

These observations, although but three in number in the human species, added to analogous ones related by our colleague, M. H., Bouley, at the Society of Biology, as occurring in the equine species, will suffice to prove the *possibility* of the mode of termination we have designated. Future researches will determine in what proportion of cases of suppurative arthritis we may venture to hope for so happy an issue.

One of these observations I owe to the kindness of M. Monod, who communicated to me the principal details of the case in 1848, during a conversation in reference to what I had myself seen. The second case was observed by myself in a patient introduced into the infirmary of the Maternity of Paris, to which I was then attached in the capacity of intern. Both cases occurred in females soon after parturition. I will hereafter state what importance should be attached to this peculiarity. It is moreover to be well understood that we do not here treat of those multiple articular abscesses which are observed to occur in puerperal fever, but of mono-articular arthritis, freely developed and uncomplicated with any grave constitutional condition.

In regard to the third case, it is borrowed from the clinics of Prof. Nelaton, who has kindly permitted me to treat of it in connection with the two preceding cases. This was a case of traumatic arthritis of the knee, developed in a young man of eighteen years.

Case 1. The female P., aged eighteen years, a laborer of good constitution and sanguine temperament, was born of healthy parents and had herself never been sick. Menstruation commenced at sixteen years of age and continued regularly until she became pregnant. During her entire pregnancy she suffered not the least illness.

The 20th Feb., 1848, without appreciable cause, she gave birth to a male child weighing 2500 grm.,* at the eighth month of her pregnancy. A vertex presentation in the ——. The birth was natural after a labor of eighteen hours. No accident occurred during the day, but during the night a violent attack of colic occurred for which she was conveyed to the Infirmary.

Feb. 21st. Simple cataplasms with laudanum were sufficient to calm the pains.

Feb. 23d. The abdominal pains had entirely ceased. She however complained of pain in the right foot, which she compared to spasmodic pain. No marked local affection however could be detected by the most careful examination. Slight redness and tumefaction on a level with the internal malleolus was all that was observed; but all movement of the tibio-tarsal articulation was very painful. Six leeches to the part tumefied; a bath followed with a large linseed cataplasm. To secure the influence of position, the limb was elevated upon a cushion, and to avoid the pain of motion, the foot was fixed by bandages to a hoop that sustained the covering. General condition good; no appreciable fever.

* The gramme is about equal to 15 grains Troy.

Feb. 24th. The patient was much relieved; she suffers now but very slightly, when the limb is moved. Poultice renewed twice a day.

Feb. 26th. The amelioration is not continued; the tumefaction has increased, especially in the malleolar region; fluctuation, however, is not distinctly perceived. Treatment continued.

March 3d. Since the 26th Feb. the tumefaction has continually augmented notwithstanding the means employed, and fluctuation in the malleolar region has become quite distinct. An incision, about an inch in length, was made on both sides of the joint, from which flowed a considerable quantity of laudable pus, mixed with strings of synovia, easily recognized by its yellowish color and syrupy consistence permitting it to be drawn out in long filaments. A soft probe introduced into the internal incision, penetrated more than two inches in depth and passed without difficulty into the tibio-tarsal articulation. On withdrawing it, it was readily made to pass into several of the other tarsal joints by changing its direction. Without the joint the probe was arrested by fibrous bands. When the foot was moved, upon the leg it caused a sharp pain, and *a rough friction sound, a sort of crepitation, could be distinctly heard and felt.* This fact was confirmed by all the persons present at the time. Same position of the limb maintained, and the same treatment continued.

March 4th. Very evident improvement; pain of the joint less severe; suppuration more abundant; proportion of synovia greater than yesterday. Treatment continued.

March 9th. Suppuration diminishes from day to day, the pus becoming more liquid and the proportion of synovia increasing. Pains none when the foot is not moved. Same treatment continued.

March 15th. Suppuration is completely arrested, and the pain has quite ceased. Even slight movements of the foot excite no pain. Same treatment continued.

March 18th. The incisions are nearly closed; the tumefaction having ceased, the joint is restored to its normal volume; the patient is able to move the foot without pain; the friction sound and crepitation have also ceased. The cataplasm was replaced by a simple unguent.

March 26th. The incisions being healed, and the movements painless, the joint may be considered as completely cured.

March 29th. The articulation again and without assignable cause swollen and painful, and the surface somewhat red. Cataplasms. Elevation.

March 30th. All the symptoms augmented, and apparently a slight fluctuation felt about the malleolus internus. An incision gives issue to nothing but blood. Treatment as before.

March 31st. Patient improved; suffers but slightly; incision uniting.

April 2d. Symptoms all disappeared. Treatment discontinued. Rest in bed.

April 5th to 17th. During this period the patient gradually acquired the power of using the limb without inconvenience, and left the maternity without the slightest trace of anchylosis or rigidity.

Case 2. Madame X., thirty-five years of age, of a nervous temperament and good constitution, had a very fortunate first accouchment with the exception of an unusual nervous prostration which lasted five or six hours. Lactation was quite normal.

She became pregnant a second time, and now suffered much more than during her former pregnancy. A removal and the cares of a large household caused her during the last months to undergo great fatigue. Her accouchment, however, took place at term without accident, but shortly after that, singular nervous phenomena again occurred, accompanied this time with anguish and insomnia. The mammary secretion was but slight, and towards the fourth or fifth day after accouchment, simultaneously with the cessation of the nervous symptoms, a serous effusion occurred in both knee joints which continued to increase notwithstanding every effort. At the end of a month, the effusion in the right knee was entirely absorbed, but the distension of the ligaments had been so great that the tibia was partially luxated outwards, and the motion of the articulation was considerably impaired.

In the left knee resorption of the fluid could not be obtained, and the joint remained greatly distended. Perfect rest with cauterization were quite ineffectual. During the second month, an acute inflammation supervened without appreciable cause terminating in suppuration; a spontaneous and abundant discharge of pus soon occurred from the inferior and external part of the articulation. No serious constitutional symptoms occurred; several counter-openings were made at different points, and the healthy suppuration gradually diminished. About a month after the opening of the purulent abscess of the joint, the knee was cured. From that moment, the motion of the joint was gradually restored, but the power of flexion could never be carried beyond a right angle.

Case 3. *Traumatic suppurative arthritis cured without loss of motion of the joint.* A shawl-maker, eighteen years of age, punctured the left knee joint with the point of the scissors employed for shearing the shawls. At first, he gave very little attention to the injury, but after the eighth and tenth day, a considerable swelling of the joint occurred, and the patient solicited and obtained permission to enter the Hospital St. Louis.

The case presented all the signs of a penetrating wound of the knee. A very extensive, white, œdematous tumefaction had taken place resembling that of *phlegmasia alba dolens.* The lips of the wound were flabby, whitish and œdematous. A sero-purulent liquid issued from the wound, increased by pressure upon different points of the articulation. Adopting the treatment extolled by M. Fleury, the entire joint was enveloped in a vesicating plaster.

Notwithstanding this measure, the tumefaction remained unabated. The liquid flowing from the wound became more and more purulent, until it no longer contained any serum, and every day a considerable discharge from the original wound and from the counter-openings took place. Perfect rest in a wadded splint.

Somewhat later, the discharge again became more serous, which character augmented until it finally ceased. In six weeks, the wound was completely closed. The power of motion in a slight degree still existed. The difficulty at first existing became less and less, and at the end of three months, the patient presented himself to M. Nelaton, having completely recovered the motion of the joint. He now returned to his former occupation of shawl-making.

To the preceeding cases I will add another, addressed to the Society of Biology, by Prof. H. Bouley, of Alfort. Our colleague presented the temporo-maxillary articulation of a horse, in which suppurative arthritis had existed for some time. A considerable quantity of pus flowed from the diseased joint, especially during mastication to which the animal was urged, notwithstanding the pain it produced, by the intensity of hunger. Desiring to ascertain the state of articulation, M. Bouley sacrificed the animal, and on examination found that the cartilages from both the temporal and the inferior maxillary surfaces had completely disappeared, and were replaced by red and vascular vegetations, densly crowded together, covered in spots with smooth osseous plates. The synovial membrane had entirely disappeared.

M. Bouley is of the opinion that the joint which, at the death of the animal, was suppurating but little, was in process of healing, and

founds this opinion upon observations in a considerable number of other cases in the same species of animal. It appears, indeed, that suppurative arthritis of the temporo-maxillary articulation is not rare in the horse, and it is often observed that the animal, urged by hunger, maintains the freedom of the joint by use, and a complete cure is effected after a longer or shorter period.

It is scarcely to be expected that similar observations should be made upon other joints, especially upon those of the legs; for, as is well known, when a horse has received so serious an injury as to be incapable of any service, he is not deemed worthy of preservation.

Such are the facts to which I desire to call the attention of surgeons.

I will endeavor now in a few words to present the reflections that flow very naturally from them.

When we seek to account for the happy exceptions which I have presented, two interpretations present themselves prominently to the mind, one having reference to the special conditions in which the first two patients were placed; the other may be applied to the mode of treatment which one of them received. The two cases referred to, presented themselves in fact during the puerperal period. May not this condition itself furnish or suggest an explanation of the cause of the fortunate issue of these cases? I am inclined to adopt that opinion.

The facility, and especially the rapidity with which pus is formed in the puerperal state, may furnish an explanation of the effusion and accumulation of pus in joints, without the occurrence of such profound lesions of the synovial membranes and cartilages as to render anchylosis inevitable; the transformations have not had time to become so grave as to prevent the articular surfaces from returning to their normal condition and a consequent restoration of their function of motion. This view of the subject, yet hypothetic, may hereafter acquire the value of a demonstration, if opportunities occur of examining the elements of the joints affected with suppurative arthritis in puerperal females, who may have succumbed from intercurrent diseases.

But until direct proof can be adduced, the hypothesis here put forth may apparently derive support from the peculiar facts observed in our second case, to wit, the presence of a distinct quantity of pure synovia mingled with the laudable pus furnished by the joint; the relative quantity of the former always increasing as the arthritis progressed towards a cure. How, indeed, can the continued secre-

tion of synovia be explained without admitting that the synovial membrane has preserved its integrity, at least to some extent? This observation seems moreover to posses some direct practical utility. From the light of this observation, the surgeon should, if I am not mistaken, be capable of making a clearer diagnosis in a given case. The prognosis being as much less serious, and the prospect of cure the greater as the proportion of synovia in the fluid that issues from the joint when opened, is augmented. This hopeful anticipation being moreover enhanced, if, while from day to day the synovia increases, the purulent secretion suffers a corresponding diminution.

The preceding reflections are especially applicable to the first two cases, and might seem to cast a doubt upon the possibility of obtaining similar success in ordinary cases. But the third case is quite different. In this, we find a genuine suppurative arthritis not occurring in a puerperal female, but in a young man of eighteen years. Taken in connection with the case of comparative pathology above cited, this case seems to compel the admission that suppurative arthritis is susceptible of cure without loss of motion of the articulation.

As to the treatment, perhaps, that was not entirely foreign to the success obtained. It will be recollected that, as soon as suppuration became manifest, free incisions were made on both sides of the joint.

By thus avoiding the serious accidents indicated by all writers on this subject, as the separation and infiltration of muscles, denudation of bones, &c., &c., perhaps, also by thus diminishing the granulations of the synovial membrane, the wasting of the cartilages, the inflammation, suppuration, and sometimes the necrosis of the osseous extremities of the articulation, we shall augment the chances of curing the diseased joints and preserving, if not the complete, yet the greater part of the mobility of the articulation.

I am well aware that, at first sight, these views seem to be contradicted by what daily experience teaches in regard to the gravity of wounds communicating with joints; indeed, it is well known that such lesions are the more serious and more frequently followed by suppuration in proportion to the size of the wound and the greater facility of admission of air into the cavity of the articulation. These objections, however, are believed to be more specious than well founded, for the two elements of the comparison are not analogous. In one case, we dread to see suppuration supervene, in the other, it has already occurred, and measures are not indicated to avoid it, but to render it as harmless as possible. The best means for attaining

this object will probably be to avoid the prolonged contact of the pus with the synovial surfaces, by giving it a free and early exit.

It is hardly necessary to add that these reflections are submitted to the mature judgment of our distinguished surgeons with great reserve and hesitation.

Whatever may be the influence of treatment, the cases of which we have given the principal details prove that in suppurative arthritis the surgeon ought not to despair of curing the patient, and preserving the functional integrity of the limb. A. S.

ARTICLE III.

Can the Physio-Pathological Phenomena from Resulting Disease be made a Basis of Therapeutics, Irrespective of Experience?

Read before the Detroit Medical Society by E. P. CHRISTIAN, M. D.

M. Renouard says that in all the works on medicine, which have been published within the last fifty years, two kinds of therapeutics may be distinguished—the one called *rational*, founded upon the physio-pathological ideas prevalent; the other *empirical* or *irrational*, founded upon the common observation of the effects of remedies.

M. Renouard takes exception to styling this latter method as irrational. "Empiricism (he says) is the most profoundly elaborated system which has ever appeared in medicine," and that "neither physiology nor pathology, whatever development they may acquire, can ever serve as a primary and immediate foundation for therapeutics." On the other hand, M. Bouillaud, equally confident in his own logic and satisfied with his conclusion, makes this statement: "I have demonstrated then that diagnosis is the essential foundation of therapeutics. How, indeed, can we treat a disease which we do not know? The thing is impossible."

It is impossible that both of these propositions should be so positive as their originators claim and believe. We will endeavor to reconcile the two, for each possesses its share of truth.

That M. Bouillaud, when he makes diagnosis the essential foundation of therapeutics, has not stated all that is requisite, we think may be very easily demonstrated, it not self-evident. For example, how many disorders are there, which even the most ignorant may diagnose, and probably give a very correct opinion of the etiology and pathology of the same, though in words not as explicit as those which have been

adopted by scientific writers to express what the common parlance affords no terms capable of expressing? How few, for instance, who can not diagnose a furuncle or even scabies, besides a variety of disorders; but does this knowledge guide them to proper remedial methods? Do they not resort to those means which experience has taught them to have succeeded in similar cases? Hence we see the force of the saying of M. Renouard that "there is between physiology and therapeutics a solution of continuity, *a hiatus* which the human mind can overleap only by the aid of clinical experience, or in other words by empiricism." But is experience or empiricism sufficient of itself to afford a basis of therapeutics? We have not undertaken to prove the inutility of pathological knowledge, or even its secondary importance to empiricism; but we think we can show its insufficiency of itself, and that both are requisite to and involved in a scientific system of therapeutics; and if, as M. R. states, there is a void which can only be filled by experience, that in fact there can be no scientific medication which is not founded on experience; yet that the greatest advantages that have been contributed to therapeutics, and the greatest advances in the healing art have flowed from the advance of pathological investigations and the improvements in diagnosis; that though empiricism can alone determine the means of removing morbid conditions, yet pathological investigation can alone determine when those means are applicable and indicated. Is not the art of medicine incalculably advanced and rendered by far more positive by the discoveries of the microscope and the test-glasses? Have not the microscopical revelations of healthy and morbid anatomy, and the chemical analysis of healthy and morbid secretions contributed directly to the cure of disease and the prolongation of life? No! M. R. would say, for experience has, after all, to determine the means of curing the diseases revealed. But we say, experience alone would never have sufficed; it could never have furnished the indications for the use of its remedies. Has not the stethoscope likewise revealed to us the indications for a more rational treatment of diseases of the respiratory organs and the heart? In fact, has it not in another way contributed to the cure of disease by revealing to us the curability in certain cases of what were previously regarded as incurable disorders, and thus prompted to more faithful and untiring efforts on the part of the practitioner and patient? Or again, the great Harveian discovery of the physiology of the circulation, the consequent advance in pathological knowledge and diagnosis, did this contribute nothing towards a more scientific therapeutics? Undoubtedly, it revealed

the indications which could only be carried out rationally by previous experience. But of what worth is the knowledge of the effects of remedies without the knowledge of the indications for their use? The pharmaceutist may tell you the remedial properties of his drugs from the experience of others; but would that alone make him a rational or safe practitioner? On the other hand, the microscopist or chemist who tells you that there is a deficiency of some natural element of the blood, as of iron, would that knowledge alone make him capable of adopting proper therapeutics for restoring that element?

Again, the advance of pathology has revealed the identity of morbid affections previously supposed of different nature, and of consequence, the indications for similarity of therapeutics. Is not therapeuties here as much indebted to the pathological discovery as to empiricism, which has established the remedial means for either one condition?

There have been also improvements introduced in therapeutics, equally rational, though derived neither from more perfect diagnosis, from better ideas of pathology, nor strictly from experience or empiricism. It was no better knowledge of the pathology of goitre which led Dr. Coindet to the employment of Iodine for its cure, in the place of the ash of sponge; nor was it a process of *a priori* reasoning, upon which empiricism lays its claim to a rational therapeutics; but it was a mere hypothetical surmise which may be expressed as follows: The ash of sponge which possesses the power of curing goitre, and the *fucus vesiculosus* which possesses the same properties, both contain Iodine. If their remedial properties depend upon this element, Iodine uncombined will prove equally efficacious. It could not be called a deduction *a fortiori*, because experience had not decided that it was the Iodine which gave efficacy to these agents. And if this be correct, we may assert that neither is a rational therapeutics founded alone on diagnosis, nor on empiricism.

Now let us view this question as argued by M. Renouard. It is thus stated by him: "Knowing the series of phenomena which constitute a morbid affection, can we deduce from it *a priori* the knowledge of the successive effects which will result from the intervention of a new force (a therapeutic agent) in the midst of these phenomena?" He replies: "It is not possible that the knowledge of a succession of morbid phenomena can enable us to foresee the changes which a curative agent will introduce into such succession, before these changes have been observed at least once."

No! we admit, the effects of a curative agent can not be positively known until they have been observed at least once, nor do certain

effects, following once or many times, always prove, *post hoc, ergo propter hoc*; but there are other sources of knowledge besides the *demonstratio a priori*—there is reasoning by analogy, and as in the case of the use of Iodine by Dr. Coindet, there was reason to believe in its efficacy, though not ascertained by experience.

Nor does M. Renouard apparently observe the difficulties, the almost impossibility of this test of experience, which he has himself stated in the section devoted to the application of what he terms "the universal axiom of therapeutics," that "every kind of medication which has cured one disease, must also cure analogous diseases."

First, "no practitioner has ever encountered two morbid states absolutely identical, and nature perhaps never does produce such." This scarcely needs argument to substantiate. As there are millions of individuals on the earth, each differing from the other in physiognomical expression so much, so we may conceive of an equally different physiological conformation, aside from the illimitable variety of outward circumstances differently influencing individuals.

Again, in regard to the identity of curative means, M. R. remarks: "This condition, though in general less difficult than the former, still presents in certain cases grave difficulties."

1st. "Because its accomplishment does not depend alone on the skill of the physician, but on the docility of the patient, on the exactness and fidelity of the persons who concur in any manner whatever in the execution of the treatment."

This must be admitted next to impossible.

2nd. "Because it is not possible always to place the patient in the same hygeinic condition."

Indeed, we may say it is never possible. There are those hygrometric and electric variations in the atmosphere, and probably others not appreciable by our senses, or by science as yet, over which we have no control, besides a variety of other hygeinic conditions requiring the greatest care and skill to fulfill.

3d. "It does not suffice to discern one morbid species from another, nor to have at our disposal excellent remedies; it is necessary still and in this practical skill consists, to know how to use them appropriately. It is not so much the remedy that procures the cure as the opportunity of its application."

What is this admission after all, but that it is not so much experience of remedies, as skill in diagnosis or knowledge of pathology?

To these conditions M. R. should have added yet another: identity of psychical organization and its influence on physiological functions;

but we conceive that there is no greater diversity in physiognomical expression or in the physiological organization of the millions of human beings, than in their psychical peculiarities.

Now then, with the impossibility of concurrence of all these circumstances, or of meeting with cases absolutely identical, can our treatment ever be strictly empirical? That it cannot, we may perhaps illustrate by homœopathy. "Hahneman (says M. R.) professed the narrowest and most exaggerated empiricism," and such in fact is his system so far as it is possible for any *system* to be. "Cure diseases by remedies which produce symptoms similar to the disease." This is one of the foundation stones of homœopathy. But these symptoms of each and every remedy must in all cases first be ascertained by trial and experience, before the remedy can be applied homœopathically. Indeed, Hahneman himself professes as much; he says: "Medicine is and only can be an empirical science, the same as physics and chemistry;" and again: "The mind is not able to recognize anything *a priori;* it can not form in itself a notion of the essence of things, their cause and their effects. Whenever it has to pronounce truths in regard to real objects, each of its propositions must be founded on sensible observations on facts and experiences. In going a single step from the path of observation, it is at once plunged into illimitable spaces of imagination and arbitrary hypothesis, parents of false opinions and of nothing absolute."

Now, was this system characterized by M. R. as the narrowest and most exaggerated empiricism, purely and exclusively empirical? M. R. admits that it was not, and remarks: "Who would expect, after so many declamations, that the founder of homœopathy, the inventor of infinitesimal doses, would abstain entirely from all physiological explanation? That he would invoke in favor of his doctrine experience, only *pure experience*, as he incessantly repeats? Will undeceive yourself. The whole explanation of his system is, from beginning to end, but a physio-pathological theory, a long dissertation on the essence of disease and the intimate action of medicines. He says, for example, that diseases are but the immaterial alterations of an impalpable vital principle; hence, he concludes, we must attack them by forces of the same kind, that is by spiritual virtues of medicines."

This evidence is adduced only to show how even the most empirical of systems must be founded to some extent on physio-pathological ideas, and the greater necessity in a scientific therapeutics for correct physio-pathological ideas, and if this necessity, then the more correct our knowledge of this nature, the more rational our therapeutics.

And hence I conclude that to say that rational medicine is based exclusively or essentially on diagnosis or empiricism, is as irrational and bears an affinity to that false philosophy which teaches that scientific medicine is founded on any abstract law, such as *similia similibus curantur*, or *contraria contrariis curantur*, or that heat is life and cold is death, &c.

ARTICLE IV.

Reported for the Peninsular Journal of Medicine.

A Case of Convulsions.

MESSRS. EDITORS:—I send you the following report of a case occurring in practice, which you are at liberty to insert in your Journal, if you regard it of sufficient interest to merit such record. From the circumstances of the case it made a strong impression on the mind of the reporter, and may serve to throw some light upon the combined effects of the two powerful neurotic agents—alcohol and opium—acting upon the human organism for a long time.

Was called June 9th, 4½ P. M., to see Mr. ——, aged thirty-six, of medium size and flesh, of original good constitution, and much more than ordinary mental activity and power, who had been seen, while walking along the street, to fall down insensible, as was supposed, in a fit. Found him some half an hour after the occurrence sitting up supported by attendants, with a pale and vacant countenance, cool perspiration, weak pulse, very feeble and totally bewildered mind, being unable to give any account of himself, and scarcely recognizing his acquaintances, yet protruding his tongue, drinking fluids offered, and performing whatever similar acts he was directed to do.

On taking him to his residence, some two blocks distant, it was found that he had left the house about three quarters of an hour before he fell, in the absence from his room of the servant, the only person about the house at the time. And it was the next evening ascertained, (the frightened Irish servant not mentioning it before, though questioned as to all his symptoms,) that some hour or more before he left, as he lay upon the sofa, he had a convulsion which lasted for some time, and that his mind wandered after it was over.

After getting the patient in bed, some mild cordials and anti-spasmodics were administered, and as the nature of the case was not clearly apparent, further developments were carefully watched.

A moderate degree of reaction, after a time, occurred, with the pulse a little more rapid and the skin a little hotter than natural, and during the evening the mind cleared up so far that he enquired as to his condition, gave directions about his attendance, &c., though he remained dull and was much inclined to doze.

On a careful investigation then and subsequently, it was ascertained that a considerable portion of the time for several years, and pretty constantly for the last two years, the patient had been in the habit of using freely alcoholic stimulants, and modifying their effects by the use of morphine, during nearly all of which time he had conducted with much credit to himself a business requiring the exercise of high mental powers. Though he was seldom in a state of positive or at least considerable intoxication, the quantity of alcohol taken was large, and sulphate of morphine latterly was used to the extent, as near as could be ascertained, of about a drachm per week, or from seven to ten grains per day.

June 10th, 8½ A. M. Condition much the same as on preceding evening, though the skin was cooler and pulse more natural.

℞ Submuriate Hydrg., gr. vi,
Bicarb. Soda, gr. xii.

M. Ft. Chart. No. 2. The two powders to be taken at intervals of two hours, followed by Seidlitz Powders.

3 P. M. Sent for in haste. Patient had had a severe convulsion extending to the muscular system generally, and apparently identical in its character with the ordinary convulsions of children. It commenced with turning of the eyes and head, extending to other parts, suspending respiration, causing frothing of the mouth and lasting several minutes, followed by labored breathing and a disposition to sleep with some sighing and moaning. Intellect quite bewildered. Cathartic had not operated. Enema of common salt, molasses and water immediately administered, producing speedy evacuations. There was soon a moderate feverish reaction. Head rather hotter in proportion than the rest of the body. Cold was applied to the head. Sinapisms to extremities, &c. Fluid Ext. Valerian ordered.

Between this time and 11 o'clock P. M. two or three convulsions had occurred similar to the one described, some of which were apparently abbreviated by the cautious inhalation of chloroform, but they left the intellect almost completely obliterated. At this time (11 o'clock P. M.) the skin was moist, pulse abated, and from the periodicity manifested in the outset of the convulsive attacks, occurring two days in succession about the same hour, from the moderate fever-

ishness with intermissions and sweating presented, a malarious influence was suspected, and Sulph. Quinine was freely given. As it was borne well, about thirty grains in all were given before the next noon. As the patient had been accustomed to brandy and morphine, these were added to the quinine and seemed to allay to a considerable extent the irritation present.

The condition of the patient during the 11th, previous to 3 o'clock P. M., was not much changed. Heat, pulse and pupil nearly natural. Excretions voided, not altogether unconsciously, as was indicated by some movements, though in bed, and the organic functions were apparently all performed. Intellectual faculties almost completely suspended. Some few words were articulated, and expressions of impatience manifested when he was disturbed or interfered with.

At 3 o'clock, the same hour as on preceding days, the convulsions returned and were repeated much in the same way, prostrating more markedly the vital powers. Stimulants were administered, bowels opened, nourishment given. Neck blistered, cold to head, &c.; but on the afternoon of the 12th the respiratory nerves were invaded, breathing became irregular and labored, and death occurred at 8½ o'clock P. M.

AUTOPSY OF THE CADAVER, MADE FOURTEEN HOURS AFTER DEATH.

Body in medium condition as to muscles and fat. The adipose rather more developed than the muscular tissue.

Head.—Dura Mater somewhat more adherent to the Calvarium than natural. The membranes and surface of the brain appeared rather more vascular than in the normal condition. The Arachnoid moderately opaque throughout most of its extent. On slicing off the brain the puncta were rather more abundant than usual; consistence of brain rather more firm; solidity and tenacity moderately increased; a slight amount of bloody serum under the Arachnoid; Arbor Vitæ more marked or prominent from the firmer consistence of the brain; marks of the meningeal artery in the skull unusually deep.

Liver moderately congested, otherwise apparently quite healthy.

Left Kidney examined, rather more fatty matter about the pelvis than usual, and the organ slightly congested, otherwise healthy.

Stomach more vascular than natural. Mucous membrane moderately thickened, having also large, but faint brownish spots upon it, giving a mottled appearance to that surface. Some very small ulcerated or apthous patches, presenting the appearance of very minute excavations, but this was only of a limited extent. No appearances

of acute inflammation in the organ or other morbid states having very recently occurred.

Intestines not extensively or carefully examined, but no marked morbid appearances presented so far as noticed.

On reviewing the foregoing case, it will be noticed that, considering its previous history, the anatomical changes were not very strongly marked, and were not of such a character as to appear incompatible with life. There was no evidence of very recent change, unless the increased vascularity of the brain be considered as such, and this was not great. The semi-opacity of the Arachnoid might have been recent, but it more likely came on gradually.

The convulsions and death seemed to have been the result of exhausted enervation. Alcoholic stimulants had been applied and their effects modified by the morphine, deeply impressing, in a manner peculiar to itself, the whole nervous system; the mind, at the same time, had been kept in a state of exhausting activity, until the powers of the brain and nerves had been overcome, leading first to irregular and then suspended action, to convulsion and death. How much malaria had to do in precipitating the result, is not quite clear. The locality of the patient was moderately malarious, and where many diseases are modified in their course by this influence, and it is reasonable to believe that it had some effect.

Though names and locality are omitted in the preceding article, it comes from a source entitled to every confidence. EDITORS.

ARTICLE V.

Ingrowing Toe-Nails.

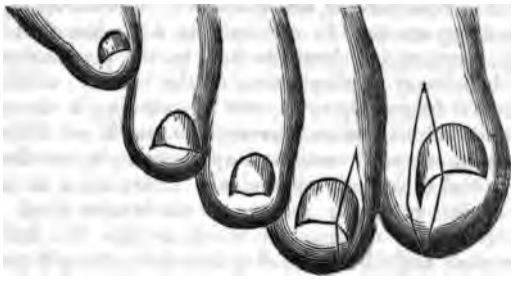
I have seen, within a few months, in different journals, several articles on the subject of "ingrowing toe-nails," but none, I think, answering *just* the indications and going no farther.

A simple and effectual operation may be commenced by an incision made by inserting a strong narrow knife nearly over the joint, extending to the end of the toe, deep by the side of the bone traversing the diseased side of the nail.

Next, an eliptical incision just within the skin uniting with the two ends of the first cut; thus excising the "hypertrophied flesh" (which nearly always exists) with the offending portion of nail.—*See sketch below.*

It is desirable to remove the "matrix" of that side, but not essential, for a more proper direction will be given to the subsequent growth. Excising one side generally will cure both as the nail has room to push over. If the disease is entirely removed, the wound heals by first intention, making a less painful and more perfect cure than removal of the whole nail in the usual manner.

Hastily Yours, &c., J. H. BEECH.



SELECTIONS.

[From the Transactions of the N. Y. State Medical Society.]

REPORT ON TUBERCULOSIS AND TUBERCULAR PNEUMONIA.

BY C. B. COVENTRY, M. D.

(*Continued from page* 41.)

CAUSE OF TUBERCULOSIS AND TUBERCULAR PNEUMONIA.

It is a peculiar circumstance which must have forced itself on the notice of every observer, that whilst the progress of civilization and refinement has almost eradicated some diseases, and has materially lessened the frequency and severity of many others, the relative frequency and fatality of consumption have been actually increased. Whether this is to be attributed to the actual increased frequency of the disease in proportion to the population, or only to the lessened mortality from other diseases, we are not prepared to say, but believe it attributable to both.

It may, at any rate, be admitted as an established fact, that whilst actual deprivation of the necessaries of life, a want of nourishing food and comfortable clothing, may produce the disease, there is nothing in the refinement of civilization or our present sound condition, that operates to prevent its occurrence. We have seen that tuberculosis was a degraded condition of the normal elements of the

constitution; consequently, all causes which tend to depress the vital energies, may operate as a cause. Hereditary predisposition is usually cited as a prominent cause of tuberculosis. That certain peculiarities of conformation are transmitted from parent to offspring, and which predispose the individuals to the same disease as the parent, is undoubtedly true—not that there is an actual transmission of disease. We, however, not unfrequently see individuals, who have themselves escaped the disease, entail on their children a feebleness and delicacy of constitution which produce the disease; thus, where a slight tendency exists in both parents, and in cases of intermarriage, in families where a tendency exists. It certainly is desirable, that in forming connections, more regard should be had to the peculiarity of constitution and hereditary predisposition of the parties; a little common prudence would frequently save years of suffering to the parties and the entailment of disease and premature death on their offspring. Confinement in close, ill-ventilated apartments, is, no doubt, among the most fruitful causes of tuberculosis. Pure air is as necessary to a healthy condition of the system as wholesome food. We find, therefore, that those occupations which confine the individual to crowded or close and ill-ventilated apartments, strongly predispose to this affection, and more particularly so, if, at the same time, the occupation requires sedentary habits, and a confined and cramped position of the body, as the business of the tailor and shoemaker. It has long been observed, too, that those occupations—as stone-cutting, needle-grinding, &c.—where the laborer is constantly, whilst at work, respiring an atmosphere filled with particles of foreign and irritating matter, are particularly prone to disease of the lungs. The continued use of any dress which confines the chest and prevents the free expansion of the lungs, must have a similar effect.

In my own experience, I have found no occupation presenting more frequent cases of consumption, than printing. Whether this is to be attributed to any unwholesomeness in the business itself, or to the heated and confined atmosphere in which they work, or because feeble and delicate boys are often put in a printing office because they are thought to be too feeble for the more hardy employments, I am unable to say. The pernicious effects of close confinement and too intense and long continued mental application, particularly in the young, is too self-evident to need any comment. About the age of puberty, when the growth is rapid, all the energies of the system are required to sustain the rapid changes the system is undergoing. The practice of confining girls at school, and requiring severe study and close application at such a time, cannot be condemned too strongly. There is no subject which requires a more extended notice, than it has usually received from our systematic writers. I refer to the influence of the sun's rays.

Every physiologist knows how absolutely necessary they are to the growth of plants, and the etiolating effect their absence or withdrawal has upon the complexion. Is it unreasonable to suppose, they may have some influence in causing or preventing tuberculosis? It seems well established, that tubercles may be produced in animals by con-

fining them in close and dark apartments, on a meagre diet. Doctor Hall says, that by this means, he produced fatty degeneracy in animals, which he considers analagous to, if not identical with tuberculosis. In the city where I reside, there was an office connected with a large merchantile establishment, so situated that the sun never shone upon it. It was in the rear of the building, with a single window, and that so surrounded with buildings as to exclude the sun. The occupants of that office died one after another, until the proprietors became alarmed, and had the office removed to another part of the building. One of the occupants I attended, when in the last stage of his disease. He entered the office a strong healthy man, with no hereditary tendency to the disease, and temperate and regular in all his habits, but in less than two years he was carried, like his predecessors, to the grave, a victim of consumption In his case, I was never able to discover any cause, unless it was his occupying that fatal office where he was book-keeper. The question of the contagiousness of consumption, or the possibility of its being communicated from one person to another, still divides the profession. It is well known that in the south of Europe, it was formerly considered so contagious that the bed and bedding of persons dying from the disease were burned. Morgagni, in his great work, gives this as a reason why so few cures of the disease are reported, in his post-mortem examinations. Most writers in England and this country consider the disease as non-contagious. That it is not contagious in the same sense as small-pox, measles, &c., is no doubt true, but that a person occupying the same close apartment, or sleeping in the same bed, breathing an atmosphere filled with the exhalation from ulcerated lungs, may not have his system so poisoned as to produce the disease, may well admit of a doubt. The fact that whole families often die of the disease, is familiar to us all, but this is attributed to their having the same hereditary tendency; but how does it happen that members of the family who are absent and have no intercourse with the sick, usually escape? and in case of husband and wife, where there is no constitutional tendency, the result is often the same. I have seen an account of a man, who said that he had not a real relative in the world, and that he had himself been the unwilling cause of their death; that he had consumption, communicated it to his wife and she to others, until the whole family were victims, whilst he himself, recovered. The late distinguished Professor Willoughby mentioned to me that a brother of his caught the disease from attending the sick bed of a beloved daughter. He stated that in his family there was no predisposition, and that his brother was a strong, healthy man, but the daughter had inherited the predisposition from her mother. During the illness of the daughter, the father had the principal care of her, was much over her, and soon fell a victim himself to the disease. It is well known that the glanders in the horse is highly contagious, and that it bears a strong analogy to consumption in man. I would not have it inferred, that I believe there is danger of the disease being communicated where proper precaution is used, but I have seen too many melancholy cases where I believed

the disease was communicated to permit me to doubt its possibility.

Willson Philip makes one of his forms of consumption what he terms "dyspeptic phthisis," and Dr. Bennett, in a recent work, makes derangement of the digestive organ the first step in the morbid process, and believes that imperfectly formed chyle is the real cause of tubercular deposits. That deranged digestion with impaired and depraved appetite is a frequent attendant on the early stage of phthisis, that it tends to aggravate the difficulty, and that it is an unfavorable indication, is undoubtedly true. We, however, often see the disease commencing and going to a considerable extent without any impairment of appetite or other evidences of deranged digestion; and on the other hand, we often see patients suffering from derangement of the digestive organs for years, without producing phthisis. Though we are willing to admit the vast importance which the function of digestion exercises in producing a preventing phthisis, we are not prepared to admit that in all cases it has the relation of cause and effect.

CAUSES OF TUBERCULAR PNEUMONIA.

It should be remembered that we have been speaking of tuberculosis alone, independent of any inflammatory connection. We know that tubercles may exist for a long time without producing inflammation or undergoing the process of softening. We usually find consumptive patients refer the commencement of the disease to some definite period when they have suffered from some unusual exposure, or when, as they term it, they have taken cold. Perhaps they are more correct than is generally imagined. When tubercles exist in the lungs, any of the ordinary causes of pneumonia are sufficient to excite inflammatory action. We have no proof that tubercles produce the inflammation in the lungs; but when excited by other causes, they aggravate the difficulty and increase the danger in the same manner that meningitis in children is rendered more dangerous and fatal by the existence of tubercular deposits. The presence of tubercles may be properly considered as constituting a predisposition, and slight causes, which would not be injurious were the lungs in a healthy condition, may be sufficient to excite the disease.

Excessive fatigue, exposure to wet and cold when fatigued, sudden transition of temperature, over-heated and crowded apartments, insufficient clothing, sitting for a length of time in a cold room, or with wet feet, cold bathing when the system is exhausted by fatigue or abstinence, are the most frequent exciting causes of pneumonia.

DIAGNOSIS OF PULMO-TUBERCULOSIS.

The history of phthisis is sufficient to demonstrate the importance of a correct diagnosis of tuberculosis of the lungs. We find not only many different affections have been confounded under the general name of consumption, but that many of the ablest writers have differed as to what actual pathological affections should be embraced under this general term. The term phthisis-pulmonalis signifies simply a general wasting and exhaustion, consequent on pulmonary disease, and may embrace chronic bronchitis, chronic pneumonia, or pleuritic effusions as well as pulmo-tuberculosis. In point of fact,

the two first are almost invariable concomitants of the latter when it proceeds to a fatal termination, and even pleuritic effusion is not unfrequent in an advanced stage of pulmo-tuberculosis. The danger from these different affections is very much increased from their connection with tuberculosis. To distinguish tuberculosis from other affections, and to determine how much is to be attributed to the one, and how much to the other—to be able to say whether the disease is simply chronic bronchitis—which has so often been mistaken for pulmo-tuberculosis—whether it is simply condensation of the lungs in consequence of congestion or inflammation—whether it is suppuration as a consequence of simple inflammation—whether there is pleuritic effusion, and if so, whether it is the consequence of simple pleuritic, or complicated with diseased structure of the lungs, are questions of vital importance in forming a diagnosis and prognosis in this disease. The symptoms and phenomena differ materially in the progress of and different stages of the disease. It is, however, sufficient for all practical purposes to divide it into three stages, the first embracing the period of simple tuberculosis, without any evidence of inflammatory action, the second after inflammation has supervened, as true tubercular-pneumonia, and third after softening and suppuration has taken place, with expectoration of purulent and tuberculous matter. The signs or symptoms by which the diagnosis of these different conditions are to be known and distinguished, have been divided into what are termed the physical—embracing those phenomena which are discoverable by a physical exploration of the chest, and the rational, those evidences of a deranged condition, evinced by a change or alteration in the different functions.

PHYSICAL SIGNS.

1. *Percussion.*—We have seen that the essential character of pulmo-tuberculosis, in the first stage, was a gradual deposition of the matter termed tubercle, commencing in the air cells which become in a manner filled, and then extending into the cellular tissue by which the air-cells are united with each other. As the morbid matter accumulates, the physical scructure of the lungs is gradually changed, the air cells are filled or compressed, the air in measure ceases to enter the lung, and, at the same time, there is a gradual contraction and condensation of the portion of the lungs thus affected.

If percussion is made over a well-formed lung in a state of health, the resonance is clear and distinct, but if the air is partially or entirely excluded by tubercular deposits, or condensation of the lung, the second becomes more or less dull, according to the extent of the condensation or tubercular deposits; if the air is entirely excluded, it becomes flat, i. e., there is no resonance.

Different individuals differ materially, so that no standard can be fixed, but tubercular deposits seldom extend over the whole chest, and by comparing one part with another, a pretty accurate opinion can be formed of the extent and amount of the deposit. The question then arises whether the dullness in whole or in part arises from tubercular deposits. In order to judge of this we must look at the

part of the lungs affected. Tubercular deposits usually, though not invariably, commence in the upper part of the lung, most frequently in the left, whilst congestion and condensation from inflammation more frequently affect the lower or middle portion.

2. Tubercular deposits are usually limited in the early stage of the disease to a small portion of the lung, whilst in pneumonia it affects the whole, or a large portion of one lung.

3. The history of the disease, whether it came on gradually, accompanied with the rational signs of tuberculosis, and especially if, on an examination, we find a contraction or sinking in of the chest, an imperfect or entire absence of expansion of the chest on drawing a full breath, there will be little doubt of the existence of tubercles. If, on the contrary, the disease has come on suddenly with previous good health, and is attended by the ordinary symptoms of congestion, affecting the lower part of the lung, with no sinking in or no flatness of the chest, there will be reason to hope that it arises from other causes than tubercles. In the early stage of the disease, the condensation of the lung is seldom so complete as entirely to exclude the air, consequently the sound, on percussion, is not so flat as in pneumonia or pleuritic effusion. In regard to the dullness on percussion in pulmo-tuberculosis, it is of every shade, from an amount scarcely perceptible to actual flatness, corresponding to the degree of consolidation.

Although the amount of dullness may be taken as an index of the extent of consolidation, it is not possible to determine how much is the consequences of tubercular deposits, and how much is due to the local congestion, or inflammation, which sooner or later attends almost every case of the disease. When the tubercular deposit is slight, and scattered about different portions of the lungs, the resonance may be too little affected to enable us to detect their existence.

Signs discoverable by inspection.—A careful inspection of the appearance of the chest, and the motion produced by inspiration, will furnish valuable signs, even in the first stage of the disease. We have already referred to the sinking in or flattening of the chest, produced by condensation of the lungs.

When the patient is requested to expand the chest by a full inspiration, it will be found that whilst the healthy portions of the lungs are fully expanded, the diseased portions are but slightly if at all affected. There is one symptom which is characteristic, and which I have not seen noticed by any writer, viz: when requested to expand the chest, the patient, in his effort, draws up his shoulders toward his head, as if to enlarge the capacity of the chest. If the difficulty of expansion is from inflammation or congestion, the effort produces pain, and prevents much effort; it is only where it arises from tubercular deposits that I have noticed this peculiarity; when the deposit is slight it may not be discoverable, but where extensive I have always found it present. It may be considered an unfavorable symptom, as indicating extensive deposition, and consequent embarrassment in respiration.

Auscultation.—The same causes which produce dullness on percussion must produce a modification or impairment of the respiratory murmur; hence one of the advantages of physical diagnosis is that the different signs are confirmatory of each other. As the air cells become filled with tubercular deposits, the soft, smooth, breezy murmur of healthy respiration is exchanged for a rough or grating sound; in a more advanced stage, the respiratory murmur is absent, and we have only the bronchial respiration, which is produced by the passage of air through the bronchial tubes; but in a still more advanced stage, when complete condensation has taken place, these tubes become closed or compressed, and there is an absence of all sound. Another peculiarity, first noticed by the late Dr. James Jackson, of Boston, and confirmed by many subsequent observers, is the prolonged expiration. This may sometimes be discovered when neither the hoarse rough sound, nor bronchial respiration, can be detected. It is attributed to the pressure on the small bronchial tubes preventing the ready escape of the air from the air vesicles. Another is a sibilant rale, and sometimes a kind of click in the upper portion of the lung. We also sometimes discover a slight crepitant rale at the end of the expiratory murmur. I am inclined to think the two latter are attributable to the thickening of the mucuous membrane lining the bronchial tubes, which is so common an attendant, rather than to the presence of the tubercular deposit.

Signs belonging to the second stage.—The physical signs already enumerated will be continued in the second stage, and we must look to the rational signs for the evidence of inflammation. In the third stage, when a portion of the tubercular mass has softened and been discharged, a cavity of greater or less extent is formed. On percussion, the resonance over the cavity will be increased instead of diminished, the intensity depending upon the proximity of the cavity to the surface of the lung; the extent must depend upon the size of the cavity, but usually of limited extent and surrounded by lung in a condensed state, so that while the resonance is increased over the cavity, it will be wanting in the surrounding portions of the lungs.

On auscultation in the third stage, if the cavity is empty or nearly empty, there will be cavernous respiration, which is nearly identical with the bronchial respiration before described, but more intense; the intensity depending somewhat upon the size of the cavity, and nearness to the surface. Sometimes the cavernous sound presents a musical intonation similar to that produced by blowing on the mouth of a vial. In some cases where the cavity is large and partly filled with fluid, there is a gurgling sound of air passing through fluids. Accompanying the caverous sound may be detected the peculiar sound described by writers under the name of *pectoriloquy*, which consists in the voice of the patient, on speaking, being heard through the stethoscope, as if proceeding from his chest. In connection with these signs, we have in the third stage more or less of the bronchial and mucous rale, arising from the presence of matter in the bronchial tubes.

RATIONAL SIGNS.

Hitherto we have been considering very briefly some of the signs or symptoms of pulmo-tuberculosis, derived from physical examination. We now proceed to consider what are termed rational signs.

1. *Cough.* This is so frequent an attendant on the disease, that it is generally considered among the most prominent and important of the rational signs. Though cough is not an invariable attendant on the first stage, it is often present, and is often the first symptom to attract attention or alarm; it is seldom absent in the second stage, and never in the third. Cough is, however, produced by so many causes that, taken by itself, it is of little importance; it is only by examining its origin, history, progress and character, that it becomes important as a means of diagnosis. In pulmo-tuberculosis, the cough usually comes on gradually, slight at first, and without having been preceded by any violent symptoms, as those attendant on pneumonia or acute bronchitis. The cough gradually increases in severity, but unattended by expectoration in the first and second stages. At first, the cough is not in paroxysms, but a single cough often repeated. As the disease advances, the expectoration becomes more abundant; first simply an increase of the ordinary mucous, then often mucous streaked with blood, sometimes greenish or dark colored, and gradually more purulent; this arises from an inflammatory condition of the mucous membrane, and may be independent of the bursting of an abcess; finally an abcess bursts, and expectoration becomes profuse, perfectly purulent, and often containing traces of tubercles undissolved. The occasion of expectoration is at first no doubt owing to inflammation in the mucous membrane of the bronchial tubes, and it should be remembered that this irritation may exist from the first, so that the absence of a dry cough preceding the expectoration, does not necessarily imply the absence of tubercles. When sudden, copious, purulent expectoration supervenes on a cough previously dry, it usually arises from the bursting of an abcess, though a sudden secretion and effusion into the bronchial tubes may occur, and without due care, may be mistaken for the bursting of an abscess.

Expectoration.—Among the older writers, much importance was attached to the character of the expectoration; the presence of pus corpuscles being considered an evidence of an abscess; but this is abandoned as fallacious, it having been demonstrated that genuine pus may be secreted by the mucous membrane, and that every variety of expectoration, with the exception of crude tubercular matter, may occur without any abscess or lesion of structure. As we have seen in speaking of the cough in the first stage, there is an absence of expectoration; in the second, an increase of the ordinary mucous; after a time, often streaked with blood, sometimes greenish or dark colored, gradually becoming more purulent, whilst in the third stage, mostly pus mixed with mucus. I have often seen crude tubercular matter mixed with the sputa; but this is too uncertain to be considered a means of diagnosis, except that when present it leaves no doubt of the character of the disease, and the existence of a cavity of greater or less extent.

Pain.—It is doubtful whether the mere presence of tubercles in the lungs, unattended with inflammation, will produce pain; its absence therefore is no proof that there are not tubercles. The presence of pain is rather an indication that the disease has passed into the severest stage, than of the existence of tubercles. The extent and severity of the pain depends very much on the seat of the disease. When deeply seated in the substance of the lungs, there is comparatively little pain, whereas a much slighter disease, implicating the pleura, may be attended with excruciating pain. On making a post-mortem examination of a phthisical patient, we usually find more or less adhesion of the pleural surfaces. It is supposed that the pleuritic inflammation is the cause of the severe lancinating pain so often experienced. I have known patients pass through every stage of the disease with very little pain, it is only when taken in connection with other symptoms that pain can be considered as a means of diagnosis.

Chills.—The occurrence of distinct chills in the severest stage is not unusual. Sometimes these chills are so perfectly formed as to resemble intermittent fever, and I have known many cases where this mistake has been made. Usually the chills are less violent, being often a mere sense of coldness returning at irregular intervals, and not always followed by the succession of a hot and sweating stage. It is by examining the patient carefully in the interval that we are able to determine whether the chills are from a regular intermittent or from hectic fever.

Hæmoptysis.—This is so frequent an attendant upon pulmo-tuberculosis that its occurrence is always considered an alarming symptom.

The obstruction to the pulmonary circulation caused by the tubercular deposits naturally tends to produce congestion, and this congestion to cause hæmoptysis, hence the frequency of its occurrence; hence also the belief which at one time existed that hæmoptysis was the cause of tubercle. Although a frequent, it is far from being an invariable attendant; on the other hand, congestion and hemorrhage from the lungs may occur from causes independent of tuberculosis, its value therefore as a symptom must be taken in connection with other symptoms. Should it occur in a patient who has been long suffering from a dry cough, with gradual emaciation, and rapid pulse, there can be little doubt as to the nature of the disease. Perhaps the most difficult cases are where—as is not unfrequent—the physician is called to a patient for the first time, who in apparent health has been seized with hæmoptysis. The congestion of the lungs which is always present, obscures the physical signs. It is here that the pulse gives us the most valuable aid; simple congestio, nunattended by tuberculosis, produces but little, if any, acceleration of the circulation. The pulse may be full and hard or soft and compressible, but never from simple congestion do we have the rapid, wiry pulse, so characteristic of tubercles.

The pulse.—Of all the rational signs, I consider the pulse as the most important and valuable. There is a peculiarity in the pulse of

patients laboring under tuberculosis, and particularly tubercular pneumonia, not found in any other disease, and which would enable an experienced physician to determine its character without seeing the patient. In tuberculosis, the pulse is seldom under one hundred in a minute. the artery contracts quickly, and, at the same time, is small and wiry—unless in the advanced stage of the disease, when it may become soft and compressible; but there is the same rapidity, and the same apparent irritability. I know of no other affection where a patient will keep up and about his ordinary avocations with a pulse steadily over one hundred. In several instances, I have been able to detect the commencement of tuberculosis where I discovered no evidence of their existence by physical examination, and where there was an entire absence of cough. It must, however, be remembered, that tubercles may be developed in other organs; and, although the pulse may not be quite so rapid, will be similar in its character.

Accelerated and embarrassed respiration.—When the tubercular deposit has taken place to considerable extent, and especially if it has taken place rapidly, the breathing becomes hurried and embarrassed from the lessened amount of air taken in at each inspiration. The embarrassed respiration may at first only be noticed on making any extra exertion, as running, ascending a hill or stairs. As the disease progresses, the embarrassment becomes constant; but, like many of the other signs, is only valuable when taken in connection with the other signs, and is rather valuable as indicating the extent of the change.

Gradual emaciation.—Defective nutrition is almost an invariable attendant on, or rather, may be considered the cause of, tuberculosis. It is not, therefore, surprising, that we should find gradual emaciation among the earliest symptoms of the disease, and that any improvement in this respect, when under treatment, should be hailed as one of the most favorable indications. As we have seen in some cases, the stomach is deranged and the appetite imperfect; but in many it remains good, with no disturbance of the stomach: still the emaciation goes on—not so rapidly, it is true, but steadily and without any appreciable cause.

Hereditary predisposition.—We have already had occasion to refer to this, when speaking of the cause of tuberculosis, and refer to it merely to mention its importance in forming a correct diagnosis. In case of doubt, the fact that there was no hereditary predisposition would be much in favor of the patient—and the reverse, when such predisposition was known to exist.

TREATMENT.

We have all long lamented the imperfection of "therapeutics," but in no class of disease is this so striking as in those attended with a slow and tedious but certain process of disorganization. Precisely in proportion to the intractability of any disease is the number of remedies urged upon our attention. In no disease is this more striking than in the treatment of consumption. Whilst some have considered the disease as invariably and necessarily fatal, others are constantly pro-

ducing new remedies and adducing new evidence of their wonderful success. How are we to reconcile these statements with the proverbial want of success in the hands of others, and the utter neglect into which many have subsequently fallen, to say nothing of the decidedly injurious effect which many are now known to produce? In some cases, the remedies recommended have no doubt served to relieve or mitigate some of the symptoms; in others, the writers have confounded chronic bronchitis with tubercular phthisis. Whilst many of those who have lauded a particular remedy or mode of treatment were honest in their belief, it has been a fruitful field for empiricism; and those who had no confidence in their own pretended remedies have been loudest in their denunciations of the regular profession. Such persons have often grown rich on the credulity of their victims. Most of my hearers are familiar with a host of these remedies. Witness the digitalis, so much vaunted by Withering and Beddon, and which, it was said, would cure consumption with as much certainty as bark would cure intermittent fever; the hydro-cyanic acid and iodine recommended by Granville, Majendie and Heufland; the tar vapor of Sir Alexander Crichton; the naphtha by Hastings; the respiratory tube of Ramage; the injection of nitrate of silver by Green; and the revival of the obsolete process of inhalation by Hunter and others; to say nothing of the hosts of nostrums found advertised as specifics in every paper in the country. We certainly would not reject without careful examination any mode of treatment which held out a reasonable prospect of benefit, but past experience should teach us caution in relying on new remedies or pretended specifics. Our improved knowledge of the pathology of the disease must dispel the hope—if there are any so weak as still to hope—of finding any specific remedy or treatment for "Tubercular Phthisis." Let us not, however, be discouraged. By abandoning the vain hope of finding a specific, and the use of medicines which it is feared have sometimes been worse than useless, and relying more on hygienic means, we may do much to lessen the mortality and alleviate the sufferings of the victims of this formidable disease.

TREATMENT OF TUBERCULOSIS AND TUBERCULAR PNEUMONIA.

In considering the treatment of tuberculosis and tubercular pneumonia, I shall confine myself exclusively to my own personal experience, leaving my hearers to consult the numerous valuable works on the subject, for themselves. I prefer this course for several reasons. No doubt, most of the members of the society are as familiar as myself with what has been written, and any attempt to analyze or examine the voluminous writings and the views of different authors, would extend the report far beyond the limits proper for the present occasion. During my pupilage, my attention was attracted to the frequency and fatality of the disease; and as early as the winter of 1832, I delivered an address on the subject before the Medical Society of the College of Physicians and Surgeons, of Fairfield, which was subsequently published in the U. S. Medical and Surgical Journal. In that discourse, I offered some reasons for dissenting from the

practice then prevalent, of confining the patient to a close and heated apartment, and administering tartar emetic and other debilitating agents, as being unphilosophical and unsuccessful. At that time, I was not aware that I had been anticipated by the late distinguished Dr. Parish, of Philadelphia. Dr. P. says: "Vigorous exercise, and the free exposure to the air, are by far the most efficient remedies in pulmonary consumption. It is not, however, that kind of exercise usually prescribed for invalids, from which much good is to be expected, such as an occasional walk or ride in pleasant weather, with strict confinement in the intervals. Daily and long-continued riding on horseback, or in carriages, over rough roads, is perhaps the best mode of exercise. But where this cannot be commanded, unremitting exertion of almost any kind in the open air, amounting even to labor, will be found highly beneficial; nor should the weather be scrupulously studied; though I would not advise a consumptive patient to expose himself recklessly to the severest inclemencies of the weather, I would nevertheless warn him against allowing the dread of taking cold to confine him on every occasion when the temperature may be low, or the skies overcast."

These are substantially the views then advocated. I consider myself fortunate that I have lived to see the former practice exploded, and that so ably advocated by Dr. Parish almost universally adopted by the profession. For twenty years, my practice in the disease has been constant and extensive. During that time, I have never had reason to doubt the correctness of the opinion then formed. A better knowledge of the pathology and nature of the disease has only tended to confirm the correctness of the practice. Whilst I have witnessed many sad and painful cases of those who have faded away before the inexorable destroyer, I have the consolation of knowing many now living in the enjoyment of comfortable health, who by timely and judicious treatment were saved from a similar fate.

In the treatment of tuberculosis and tubercular pneumonia, it is of the utmost importance for the practitioner to keep constantly in view the distinction between them; by the first is understood a tubercular condition of the system, unattended by inflammation; by the second true pneumonia. or inflammation of the lungs, supervening on their tubercular condition. Whether tubercles themselves have a tendency to produce inflammation is very doubtful, we know that cases have occurred where they have existed to such an extent as apparently to have caused death by the mechanical obstruction, without causing inflammation, and on the other hand, we know many persons who have tubercles of the lungs, who have for many years enjoyed comfortable health, by carefully avoiding all those causes which would tend to produce inflammation. Let it be remembered that tuberculosis is owing to a depraved and degraded condition of nutrition, and consequent debility, and demands a resort to all those means which tend to improve and invigorate the general constitution, but when inflammation supervenes on this condition, we are compelled to resort to a cautious use of antiphlogistic means until the inflammatory condition is removed, and then again return to the invigorating treatment. It

is not often the practitioner is called upon to treat a case of simple tuberculosis; it much more frequently happens that pneumonia has already supervened, if, however, he is consulted in such a case, he should endeavor to ascertain the extent of the deposition; care should be taken to guard against all those causes which would be likely to excite inflammation, a radical change should be made if possible in the accustomed habits and employment of the patient; if a pupil at school or college he should be at once withdrawn; if the occupation is one that confines the patient to a close and confined atmosphere or constrained posture, it should at once be abandoned whatever the sacrifice; or if it is a business like stone-cutting, where the patient breathes an atmosphere filled with particles of dust, it should be abandoned.

Exercise in the open air, regular and systematic, carried to the extent of fatigue, should be insisted on. Horseback exercise is preferable, and next to this walking, but we are compelled to be governed somewhat, by the habits and circumstances of the patient. A generous and nutritious diet should be used, avoiding every thing which would tend to disorder the stomach. A milk diet, where it agrees with the patient, is the best, but beef, mutton, game, &c., may be taken, and where the appetite is poor, or the powers of digestion feeble, the addition of a glass of good ale or porter at dinner will be serviceable, if these cannot be taken, a glass of good wine or a little good brandy may be substituted, cheerful company and a freedom from care and anxiety of mind, are important auxiliaries. No medicine is required, unless there is derangement of the digestive organs, which should, if possible be corrected; the patient must depend on hygienic means and not on medicine for his recovery. If, however, it is necessary to prescribe something to satisfy the patient that something is being done, give the cold-liver oil, unless it is found on trial to disorder the stomach, if so, it must be stopped. If the patient can be made to take the necessary amount of exercise in the open air, it is a matter of little consequence, whether they remain at home or travel; often. however, with men of business, it is desirable to send them off to get away from their business; if they travel, they should go on horseback or in their own carriage, and shun the railroad cars. I once told a patient that the only chance of saving his life, was to ride from Utica to New-Orleans on horseback, and though late in the fall, he got his horse and started, not being accustomed to riding and the weather cold, he thought the prescription a rather hard one, but he persevered until he got to Savannah, in Georgia, where he sold his horse, spent his winter in Florida, and returned last spring with improved health.

In a large majority of cases it is not until evidence of such inflammation in the lungs occurs, that the patient applies for medical advice. We usually find there is more or less pain in the side or breast, frequency of the pulse, cough, increased heat of surface in the latter part of the day, and often chills and night sweats. The cough is not an invariable attendant, though usually present, and often the first symptom to attract attention to excite the alarm of the patient or

his friends. The first step is to determine the nature of the disease, and then to ascertain, if possible, whether the disease is still in the inflammatory stage, or whether suppuration has already commenced. If suppuration has not commenced, and there is tolerable vigor of constitution, we may still hope to arrest the progress of the disease. Let us remember that notwitstanding the degraded condition of the general system, the disease is now inflammatory, and must be met by antiphlogistic means. General blood-letting is seldom necessary or advisable, such bleeding by cupping may sometimes be indicated, though in a majority of cases the system is too much reduced to admit of even this; dry cupping is sometimes serviceable to relieve pain, but by far the most efficient agent in relieving the inflammatory action, is counter irritation by the tartar-emetic ointment or plaster. I have too often experienced its beneficial effects in my own person, to doubt its utility. If the cough is troublesome, the patient may take a powder of ipecac half a grain, sul. morphine one-eight of a grain, repeated every six hours or three times a day, if the functions of the liver and stomach are deranged, add one-fourth of grain of calomel, or a little of the blue-mass to the powder for the first one or two days. If the patient is much exhausted, or the night sweats are profuse or he has chills, add half a grain of sul. quinine to the powder.

The objection I have heard made to the prescription, is that it would impair the tone of the stomach and destroy the appetite, and that it would tend to increase the sweating, neither of which is true in point of fact. It is very rare that it impairs the appetite, and when it does, the difficulty is remedied by the addition of the quinine. So far from increasing, it is one of the best means of preventing the night sweats. I readily admit that every thing should be avoided that impairs the tone of the stomach, and if the powders had that effect, I would exclude them, however useful in other respects. It occasionally happens, though this is rare, that a patient cannot tolerate opium in any shape. In many cases, though the effect is unp[illegible]t at first, by a persistence in its use, the system becomes ac[illegible]ed to it, and the effect is as favorable in other cases. I have o[illegible]had patients assure me they could not bear any preparation of opium, when they had been taking it for days without knowing it. Sometimes we meet with real idiosyncracies, that can not tolerate it; when this is the case, I consider it a great misfortune both to the patient and physician, for I know of no substitute. Hyosciamus or lupulin, or wild cherry bark, may be used in turn, but none are as useful as the preparations of opium, when they can be taken. The anodyne does more than merely soothing the cough and irritation—it acts as a true antiphlogistic, without weakening or exhausting the system. The diet should be light but moderately nutritious; and violent exercise should be avoided, until the inflammatory affection is abated. In a large proportion of cases, this can be accomplished by the means indicated, if perseveringly used; the cough abated, but not entirely; the pain is removed, the appetite improved, still the patient remains feeble, does not regain his strength, coughs a little,

and does not get perfectly well. Perhaps he returns to his business, but on the first exposure, takes a fresh cold as he terms it, and has another attack; this is repeated from time to time, until suppuration at last takes place, or what more frequently occurs, he goes to some quack or lung doctor, or a water-cure, where he gets effectually cured by terminating his sufferings with his life. The fact is, that the inflammatory condition is removed by the treatment, and this is all medicine can accomplish, the tubercular condition of the lungs still remains, they cannot be removed by any known means, and nothing but a long continued and persevering use of hygienic means can restore him to health. If he is not extremely careful and judicious, the use of medicines will retard instead a promoting his recovery, if it does not serve to hasten the final termination. Most of the pretended specifics and cough mixtures sold in the shops, tend to destroy the appetite, and only quiet the cough by lulling the patient into a potent security. When, therefore, the more severe symptoms arising from inflammation are relieved, the patient should not be permitted to return to his occupation, or indulge the belief that he has recovered. If there is any pain or soreness about the chest, the tartar emetic plaster, or an issue or seton, should be continued; if the cough is harassing, the anodyne powders should be continued, either with or without the quinine, according to circumstances; he should live as much as possible in the open air, being careful to protect himself against the sudden changes of temperature.

It sometimes happens that the practitioner, even by the most careful examination, is not able to determine whether suppuration has commenced; under such circumstances he should resort to the means already indicated, with the hope of arresting the progress of the disease, giving a guarded prognosis to the friends of the patient.

Suppose suppuration to have take place, and we are satisfied of the existence of an abscess in the lungs, is it necessarily and absolutely fatal? By no means! When both lungs are affected, the expectoration of purulent matter very profuse, and the general strength much impaired, with an evident deposition of tubercular matter throughout the lungs, the practitioner hazards nothing in saying the disease must be fatal, and that all that can be done is to smooth the passage to the grave. On the other hand, if the disease is confined to one lung, or a small portion of the lung, with a tolerable degree of vigor in the general system, even though the tubercles may have softened, and a cavity formed, we may still hope for a partial restoration, if not for a recovery. There are many cases of this kind on record. Dr. Bennett, in his recent work on consumption, gives a number of cases where a post-mortem examination showed the cicatrization of ulcerated lungs. Dr. Andrew Comb was given over by the ablest physicians of Edinburgh, and yet lived many years in comfortable health, though an examination after death showed the function of one lung was almost totally destroyed. The distinguished philologist, Duponceau, when a young man, was given over by his medical attendants, and went into the country to die; but by living on a milk diet, and riding on horseback daily, he recovered, and lived

to a very advanced age. The late Dr. Parish, of Philadelphia, previous to his death, requested that his body should be examined, and pointed out the spot where would be found the evidence of an abscess of the lungs, which occurred when he was young. A very interesting specimen may be seen in the museum of the Buffalo Medical College, taken from the lungs of a man who died from phthisis. I think he was a stone cutter. Several years previous to his death, he had all the symptoms of the advanced state of phthisis, but by abandoning his business, and by judicious treatment, he gradually recovered, and remained apparently well for some time; not long previous to his death he went in the western States, and there contracted the remittent fever; as the fever subsided, the disease of the lungs returned. On examination after death, the lungs were found to be filled with recent tubercular deposits; but in one lung was a mass of tubercles about the size of a hen's egg, surrounded by a firm dense coat, and which was, undoubtedly, the product of a former disease. We should not, therefore, too hastily determine that even confirmed consumption is necessarily fatal. We may, perhaps, arrest the further deposition, remove the inflammation, and though we have no certainty that they are ever absorbed, they may remain dormant, and the patient enjoy a fair amount of health.

When we become satisfied that suppuration has taken place, some modification of the treatment is called for. Bleeding, both general and local, should be abandoned. Counter irritation, by dry cupping and the tartar-emetic plaster, or seton, or ipecac, may be continued, if there is pain or soreness of the chest, but never carried so far as to exhaust the general strength. If the cough is very troublesome, it must be allayed by the use of the anodyne powders as before. If the night sweats are profuse, or the exhaustion very great, from $\frac{1}{4}$ to $\frac{1}{2}$ a gr. of s. quinine may be added to each powder. When the expectoration is difficult, some moderately stimulating expectorant should be added. I prefer the syrup of Tolu, as it does not impair the appetite. If the weather will permit, daily exercise in the open air should be insisted on. The apartments both by day and night should, if possible, be large and well ventilated, and of a regulated and equitable temperature. Consumptive patients should never, if it can be avoided, occupy the same room during the day and night; if compelled to do so, they should leave the room at least twice in the twenty-four hours, and have it well ventilated.

COMPLICATIONS.

In the general treatment of tubercular pneumonia, it is difficult meeting all the complications and contingencies liable to occur. I therefore prefer speaking of the more frequent and prominent complications separately.

1. *Hæmoptysis.*—Hemorrhage from the lungs is a frequent attendant on tubercular pneumonia, so frequent that it has, as we have seen, been considered among the rational signs. The amount of blood discharged varies from a slight tinge of the mucus expectorated, to a discharge so profuse as immediately to endanger the life of the

patient. The general impression is that it arises from the rupture of a blood vessel. This is no doubt true in some cases, where it has been preceded by extensive relaxation, but in a large majority of cases occurring only in the disease, it is an exudation from the mucous surface caused by the congested state of the lungs, and not attended by any organic lesion of the part. When called for the first time to a patient suffering from hemorrhage from the lungs, we should at first endeavor to satisfy ourselves whether it was from the lungs or some other organ. If from the lungs, then whether it is idiopathic or symptomatic, but in doing this, we must be careful—particularly if the bleeding is profuse, not to subject the patient to too much disturbance, either by our enquiries or physical examination. If we cannot satisfy ourselves by enquiries of the friends and an examination of the pulse, we should prescribe for the hemorrhage, and leave the more critical examination to some future time. In making our prescription, we must be governed by the profuseness of the discharge, and the actual condition of the patient. It is seldom the case, that when hemorrhage occurs in connection with tuberculosis, it is so profuse as to endanger the life of the patient; indeed, it is more apt to be profuse when not so connected, and by some the profuseness of the discharge has been considered a favorable indication.

The first and indispensable requisite is perfect rest in a horizontal posture, the head and shoulders elevated; and cool air. The drink should be cold, and taken in only moderate quantities; the food light. All company and conversation should be forbidden. If the bleeding is slight, we need not be over-anxious to stop it at once, as it serves, no doubt, to relieve the congestion and engorgement of the lungs; and patients often express themselves as relieved of the sense of fullness and oppression which they had previously experienced. If there is cough or irritation of the throat, a powder of ipecac and morphine should be given and repeated every four or six hours. Whilst the atmosphere of the room is cool, care should be taken to keep the feet and lower extremities warm. If, however, the bleeding is profuse, more active treatment is required. The former practice, of indiscriminately resorting to the lancet in all cases of hæmoptysis, is, very properly, abandoned. Still, we may err in the opposite direction. When the patient had apparently been in good health previous to the attack, has a full, strong pulse, with a sense of fullness and oppression in breathing, we may resort to general bleeding with advantage. If the patient has already been reduced by the profuseness of the discharge, by previous ill health, or is of a feeble or delicate constitution, we should not think of resorting to general blood-letting. In some cases, drawing a few ounces of blood by cupping over the chest will be preferable to general blood-letting. When neither cupping or general blood-letting is thought advisable, dry cupping over the chest will be found an efficient agent. This may be followed by a large sinapism over the chest, and if the bleeding is not readily arrested, a blister may be substituted. The internal remedies must be selected according to the condition of the patient. Chloride of sodium (common salt) is a popular and valuable remedy,

and one always at hand. It should be given in doses of 10 or 15 gr. every half hour, hour, or two hours, according to the urgency of the case. Nitrate of potash is another valuable prescription, and may be given in the same manner. If there is much excitement of the circulation, digitalis may be combined with the nitre. If there is much debility and prostration, I prefer the combination of acetate of lead and opium. Turpentine has been highly extolled. Gallic acid and tannin have also been used. Should the discharge continue for a length of time, it may be necessary to vary the prescription. The acetate of lead and opium should not be long continued, as it is liable to derange the stomach. A blister, or tartar emetic plaster, should be applied to the chest, if the discharge continues.

As soon as the patient is in a condition to be moved, he should be taken out in the open air. If in a city, he should be removed in the country. If in the country, he should either ride out every day, or what perhaps should be better, take a journey in a private carriage, commencing with short stages, and increasing the distance daily as his strength improves. There must be no fears that moderate exercise in the open air would aggravate the hemorrhage.

HECTIC FEVER.

The chill, the fever, and the night sweat, are intimately connected with each other, constituting only different stages of the same affection. Sometimes, instead of a distinct chill, there is only a sense of coldness; this is followed by a flushed face, heat and burning in the palms of the hand, and increased frequency of pulse, which terminates in the night by profuse and exhausting perspiration, which, instead of relieving the patient, leaves him still more feeble and languid. A variety of prescriptions have been recommended for this distressing complication; but the most efficient in my hands, by far, is the combination of the sul. of quinine and morphine. Bathing with alum water has been recommended; but a better prescription is to rub the body thoroughly with a dry flannel, filled with crystals of common salt. When the sweats are profuse, a little good brandy taken on going to bed, will be useful.

PLEURITIC SYMPTOMS.

The severe pain which consumptive patients suffer is usually produced by an extension of the inflammation to the pleura. The application of a mustard plaster will often afford temporary relief. If this should not succeed, a blister may be applied. Sometimes it will be found necessary to administer an anodyne powder at the same time.

NAUSEA AND VOMITING.

This is sometimes a very troublesome and distressing complication of the advanced state of phthisis. When the vomiting is only produced by the efforts of coughing, or the irritation of phlegm in the fauces, it is of but little consequence. But the stomach sometimes becomes so irritable that the patient is unable to take or retain food, and unfortunately it is not readily controlled by medicine. Confining

the patient to the simplest kinds of food, with counter-irritation over the stomach, have been the most successful. I have sometimes found an advantage in giving half a drop of kreosote from time to time, and sometimes in confining the patient entirely to fresh milk, or milk with a little lime water. When very bad, the patient should take a tumbler of milk before rising in the morning, and remain quiet in bed for sometime after drinking it. Naptha, prussic acid, and chloroform have been recommended by different writers for this distressing complication.

DIARRHŒA.

When the disease is of long continuance, the patient is often harrassed in the last stages by pains in the abdomen and diarrhœa. This arises from inflammation and ulceration in the mucous membrane of the intestinal canal, and is only one of the consequences of the diseased condition of the general system; all that we can hope to do is to mitigate the suffering of our patient, and, perhaps, postpone somewhat the fatal termination. Opium alone, or opium combined with sugar of lead, or with alum, or sulphate of copper are our principal reliance, at the same time carefully refraining from all food that would be likely to increase the irritation.

PREVENTION OF TUBERCULOSIS.

With all the improvements we may hope to make in the treatment of this formidable disease, it is evident that it is rather to prevention than to cure that we are to look for any material mitigation of its ravages. If, as we believe, it is caused by a violation of the laws of health, and is not a necessary consequence of our existence, it is surely time that community was made acquainted with the fact. Half a century since, our distinguished countryman Doctor Rush, predicted that the time would arrive when municipal authorities would be held responsible for the prevalence of zymotic diseases. The enlightened government of England have, on the recommendation of the commissioners of health, been the first to fulfill this prediction. The causes of consumption are undoubtedly in a great measure beyond the reach of municipal regulation, and yet they may be equally the result of a violation of the laws of health, and equally capable of being prevented by an obedience to those laws. If it is true that consumption is as much the result of a violation of the natural laws of health as cholera, or yellow fever, or typhus fever, how fearful the responsibility of the profession if they fail or neglect to proclaim this fact. More caution should be exercised in forming matrimonial connections, in regard to the health and predisposition of the respective parties. Community too should learn that pure fresh air is the very first essential of health, and life; that the atmosphere of a close and crowded room is an actual poison, slow but certain in its operation. If I were to refer to one cause of consumption, which was believed to have more influence than any other, it is our breathing an atmosphere so often which is not merely unfitted for respiration, but actually poisonous. Every means has been resorted to, by double windows and by corking up every crevice, to exclude from

our dwellings and public buildings this first essential of health. So long as the broad open fire place was used, it was impossible to exclude the fresh air, or if excluded, the smoke would soon compel them to open the doors and windows. By substituting tight stoves, we succeed in defeating this wise provision for our protection and comfort, and like the Scotch sexton, who carefully closed the doors after the morning service in order to retain the warm air, we manage to breath half the time an atmosphere which is unfitted for respiration, what is perhaps worse, our sleeping hours furnish no relief; the small narrow contracted bed room, often crowded with more than one person, without any means of ventilation, scarcely contains oxygen enough for necessary respiration for a single hour, whereas it is breathed over and over again for six or eight; no wonder that the occupants of such a room rise in the morning languid and listless, unrefreshed by the night's repose. Our chufches, assembly rooms, work-shops, school rooms and railroad cars, as well as drawing rooms and sleeping apartments, all need reforming in this respect.

Another subject that requires reformation is that of dress. Fashion in this respect seems to laugh at all propriety and common sense; comfort, health, and even life itself, are often sacrificed at her shrine. What can be more absurd than for us in this northern climate to copy the fashions of the south of Europe? Even in the most inclement season our ladies will be at one time wrapped in the furs of Siberia, and at another shivering in a gossamer dress fit only for a tropical climate. How often are we pained in seeing children with low dress and bare arms when flannel would be much more comfortable? The seeds of disease and premature death are thus often implanted during childhood by the fond but inconsiderate parent.

Another pernicious custom of recent date is that of daily ablution over the whole body, with cold water, during the cold weather of winter. The Creator has wisely provided that the body should be covered by an unctuous substance to protect it from the effect of sudden changes. By this foolish custom, we defeat this wise provision for our safety, and endanger our health. Bathing once a week is all that is necessary for cleanliness in the winter season, and then tepid water should be used, and immediately before going to bed. Persons in sound and vigorous health may bear the exposure with impunity, but for the feeble, and particularly for those predisposed to consumption, it is a most hazardous experiment.

Another reform that is much needed, is a reform in our system of education. Hitherto, whilst every appliance has been resorted to, to force the mind into premature development, the care of the physical health has been totally neglected. Let us learn of the poor idiot. In the experiments which have been so successful in improving the intellect and condition of idiots, it is found the first and indispensable step was to improve the health and general vigor of the constitution. This should be the principle adopted in all systems of education. It is in vain to expect a healthy mental development in a feeble and sickly pupil.

I have somewhere seen a recipe for producing yellow fever. Per-

mit me to give one for producing consumption. Take a girl between the age of twelve and eighteen, who is growing rapidly, of delicate constitution, more than ordinary ability, and considerable ambition; confine her six hours each day in a crowded school-room, let her have lessons to get out of school which will require from two or three hours study, in addition to two hours' practice on the piano-forte; stimulate her to extra exertion by hope of a prize at the end of the term, or of excelling her classmates: let her sleep in a dark, close and small bedroom, with one or more persons; supply her plentifully with candy and sweet-meats, so as to destroy any little appetite she may have for wholesome and nourishing food: when out of school, confine her to a heated room, except occasionally going to church or to parties in thin stockings and shoes, and low dress, so as to expose the chest and neck to the cold—and you have all the requisites to produce the disease. Should you not produce consumption, you will be likely to have disease of the brain, equally but more quickly fatal. The nervous system is overtaxed and stimulated to unnatural exertion, the muscles are enfeebled and relaxed for want of exercise, the blood is poisoned by breathing an air unfit for respiration for at least twelve out of the twenty-four hours, the appetite destroyed and the system imperfectly nourished, and the whole system relaxed by the heated apartments. The sudden transition to cold without adequate protection from clothing, drives the blood on the internal organs, which being weakened for want of proper nourishment, are unable to relieve themselves by reaction, and congestion, pulmonary apoplexy and hemorrhage follow as a natural consequence.

Another lesson which community must learn, is, that systematic exercise of every organ, especially in the young, is absolutely essential to health, and that over taxing the brain, with little or no exercise of the muscular system, is sure to entail disease if not death. The pernicious custom of over taxing the mental faculties, under the plea of education, with a total disregard of all the laws of health, is a fruitful cause of consumption in young persons. The pernicious habit of tight lacing which prevailed a few years since, and interfered so injuriously with the functions and development of the lungs, is fortunately becoming obsolete, proving that the intelligence and good sense of the ladies will correct any custom if they become satisfied of its injurious effect.

Above all, reform is demanded in our seminaries of learning. If one-tenth of the time now spent in the study of the dead languages was devoted to a study of the laws of nature and of health, we should have fewer victims of consumption dating their disease from their collegiate course. If a thorough course of instruction is hygiene, or the laws of health, constituted a portion of the curriculum in all our colleges, we should find fewer patrons of quackery among their graduates, and the medical profession would be relieved from the mortification of seeing the clergy and other educated classes the encouragers and promoters of empiricism.

Let, then, the medical profession, collectively and individually, resolve that they will patronize and encourage those literary institu-

tions, and those only, where instruction in hygiene constitutes a regular part of education.

EDITORIAL AND BOOK NOTICES.

"Poor Human Nature." Illustrative Cases.—The remark is often made that "this is a strange world in which we live," and it is certain the inhabitants thereof do many strange things, commit acts so inconsistent with their ordinary course, as to excite surprise and show the great imperfections, the gross inconsisteneies of our fallen nature. It is, indeed, curious in a psychological point of view to observe the various and incongruous principles of action which influence the same men at different times and under different circumstances. We see sometimes the loftiest principles of justice, benevolence and honor struggling in the same bosom with the lowest instincts of a depraved humanity, and even being overcome by them. The whole history of mankind illustrates these imperfections and inconsistencies. The psalmist of Israel, the man after God's own heart, furnishes an illustration of this general truth in that memorable instance when the prophet Nathan said to him: "Thou art the man;" and in a more modern instance, the author of the inductive system of philosophy has been poetically, yet too truthfully described as "the greatest, wisest, meanest of mankind."

Besides lacivious passion as in the case of the monarch, and dishonorable avarice as in the case of the judge, there is another propensity whose relative character will not here be designated, which gets the mastery in some minds in the struggle between good and evil. A wise man, in imparting advice, once said: "Prevent, if possible, any one's doing you an injury, for he who does or attempts to do you a wrong, is likely to become your enemy." However this may be accounted for, or however badly it may argue for human nature, there is a disposition with many to repeat injuries, to follow one blow by another, to add indignity to wrong.

We are able to recall two or three instances in our own experience coming from quite dissimilar sources, but agreeing in essential character, illustrative of this principle.

The bridges of Chicago and the scenes connected with their frequent openings, are becoming through our literary cotemporaries as well as

by the observations of many, quite extensively known. On these occasions there are frequent opportunities for curious observations by the student of human nature. On a recent occasion when one of the bridges was open and a long line of vehicles was formed, the occupants of which were anxious to "move on," a teamster came driving up a side street, and in the temporary absence of a police officer, and in opposition to the ordinance "in such cases made and provided," forced his way before us into the line, causing the backing of horses, a threatened crushing of buggies and a general disturbance. Seeing the mischief he had produced, and being conscious of his wrong, on being perhaps too mildly remonstrated with for his breach of the line, the right and the ordinance, he commenced pouring forth a volley of verbal abuse, such as while it could but stir the blood, yet from its source and the circumstances could not be noticed by a gentleman, and with feelings of simple disgust it was allowed to pass.

The ordinary streets of a city, aside from draw-bridges, occasionally furnish studies in this same science of human nature. On another occasion in quietly driving along a street a groom was overtaken leading a horse. As our horse came by the side of the grooms, the latter turned and kicked ours with considerable force, whereupon the low fellow leading the beast sent forth in broken English a tide of profane billingsgates directed against us, which was a perfect marvel to hear. The first impulse was to administer a chastisement, but this would have involved a very undignified squabble in the streets, and soon a sense of the ridiculous from the total absence of provocation on our part prevailing over indignation, we drove on in silence, having received another lesson in human depravity; or if the man was a decent groom, as notwithstanding this it is possible he may have been regarded, there was another illustration of the inconsistencies of human character.

We have had a third experience in our editorial capacity. After having been attacked and accused by a cotemporary whom we had never done a wrong, and proceeding in the defensive in repelling those attacks, stating the character of the accusations made, *giving the language in which they were made*, and proving them untrue, all in the same articles—we were again accused of injustice and severity, and a *demand* made for a retraction of all we had said respecting these charges, or for proof of the correctness of our statements. And upon our replying in what we hoped would be considered a kind spirit, that the "proof" had already been given in our former articles, refering our readers to them, appealing to their judgments whether

the proof was satisfactory, and proposing to discuss, if further discussion was necessary, in a separate pamphlet form the whole subject, preceding such publication by what had already appeared on both sides, submitting thus the whole of the controversy to those interested or who would read; or as an alternative to continue the discussion in our opponent's journal before his readers as ours were satisfied—after making these statements and propositions, we were met with what, it seems to us, can be regarded as no less than an insult; we were met with, perhaps, what was the most convenient way of disposing of our proposals, with the statement that our course "is destitute of those ordinary principles of honor which should control the intercourse between intelligent men, and is consequently unworthy of any notice whatever." Now, the senior editor of the *North-Western Medical and Surgical Journal* may be a very wise and good man in many respects, he may be in goodness a David and in greatness a Bacon; but in so far as his conduct in the respect we have detailed is concerned, this having placed him in the same category with those street assailants alluded to, we shall treat him editorially in the same way, we did them in our private capacity—leaving him to the reprovings of his own conscience, when that shall be aroused, or if it slumber on, in the gratification of that instinct which induces some natures to add insult to injury.

Ballinglea's Appeal.—This is one of the most successful efforts to make medicine nauseous and repulsive, that has come to our knowledge, for many a day. If the writer of the appeal, designed to make his communication so offensive that no journal north of Dumplin county (Autaga) would copy it, he can be congratulated on having fully accomplished his purpose.

Up to this time, we had lived in the enjoyment of an agreeable hallucination, which inspired us with the belief, that the profession of medicine in the United States, through the influence exerted by the American Medical Association, was destined to be instrumental in perpetuating the national fraternity of our people, living in different sections of the union, and thereby of preserving to them the blessings resulting from a free government and the happiness incident to the unity and concord of the inhabitants of our whole country.

We say hallucination, because we now believe it is possible, if a spumous article, entitled Ballinglea's Appeal, published in the *Southern Medical and Surgical Journal*, is a reflection of any considerable portion of the medical mind in the Southern States, that

even that reason for hope and faith in our national durability may be dispitted by the folly of medico-political fanaticism.

It seems to be the object of this writer to instill into the medical mind of the nation the same acrimonious and unchristian state of feeling, as led to the division of different sections of the Christian church, and filled the bosom of other branches of it, with a bitterness unbecoming a religious temple and converted the national capitol into a gladiatorial ampitheatre.

No body objects to the existence of an honorable rivalry in medical literature between different portions of our country, without reference to any fixed point of the political compass, or for pre-eminence in the character of the medical schools thus situated; but an attempt like the present, to alienate members of a common brotherhood from each other, by turning the passions which disfigure party politics into the field of scientific emulation, should be rebuked, not only by every member of the profession, but by every man in whose bosom the sentiment of patriotism ever had a resting place.

With the "appeal," aside from the political animosity infused into it, we have but little concern, knowing that its assertions are unfounded and its reasoning inconclusive. We should not have noticed the article but for the political venom in which the pen of the writer seems to have been dipped, and we doubt if it attract notice anywhere else for any other reason.

We have seen so many of the evils of political abolition ourselves, and have such a repugnance to the introduction of that topic into social circles, that the bare suggestion of the possibility of introducing snch an element into the medical literature of the country, occasions an instinctive shudder and a sense of horripilation to come over us, with the thermometer at 87° of Fahrenheit, in the shade.

The address to sectional feeling based upon the claims of humanity, is a mere bagatelle. Fortunately for the north as well as the south, the malignant epidemics are not annual visitants, in either extremity of the Union. And most of them, when violent pervade all parts of the country. Fortunately also for the growth of the practitioner in his profession, these epidemics do not appear, as a general rule, in the same dress, at any two successive manifestations. So that in whatever locality he may be, he has almost annually to learn anew, the art of applying his general principles, as much as if he changed his residence from north to south or the reverse. An education obtained at a given point, at which diseases of the same diathesis are supposed to recur annually, would be the means of raising up a set of mechanical routinists unfit to practice anywhere.

☞ We had designed to notice editorially the remarks of Dr. Davis in the last number of the *North-Western Medical & Surgical Journal* upon the plan of the Committee of Arrangements at the session of the American Medical Association in this city. We have, however, received the following communication from one of the Committee which renders any further observations by the editors not particularly necessary. We are glad the Committee have spoken, and very willingly give place to the letter. ED.

MESSRS. EDITORS:—As it was with a feeling of diffidence and distrust of our ability to make the meeting agreeable to the members of the American Medical Association, that we extended an invitation to that body to hold its ninth annual session in Detroit, you will oblige the Committee of Arrangements by allowing them space in the *Peninsular Journal*, to express the gratification they have derived from the general manifestation of approval of those arrangements which have reached them from all parts of the Union since the return of the delegates to their homes.

We knew that in the absence of those institutions of art, of science and of public beneficence, the visits to which gave such an interest to the leisure hours of the members at those meetings which had been held in the older cities of the East, it was incumbent upon us to devise some means for their amusement, even if in their execution we should in a small degree encroach upon the hours for the transaction of business, that would in some measure take their place. Aided by the munificent liberality of the managers of the Michigan Central Railroad and their North Shore Line of Steamers, the Committee planned an afternoon excursion upon the water, extending from Lake Sinclair to the head of Lake Erie, where Perry and his associates in victory achieved the naval supremacy of the Lakes. The Committee have reasons for feeling assured that the social gratification incident to this excursion more than made good the loss of time to all who participated in it.

We cannot say that this departure from the usage of the association was universally approved. The gentlemen composing it have at least quietly acquiesced in the arrangement. The complacency of the Committee has only been disturbed by a single voice of disapprobation coming from the editor of the *North-Western Med. & Surgical Journal.*

As the business of the session was completed, before the members of the association dispersed, we are unable to surmise what loss was sustained by the suspension of labor on Thursday afternoon, unless

it was the opportunity of listening to the annual speech of Dr. Davis, of Chicago. And as that gentleman has caused his propensities for water to be widely known, we are equally at a loss to comprehend the reasons for his preference of the evening parties where the aroma of a Roman punch bowl constituted one of the attractions, over an aquatic excursion, conducted on temperance principles, unless it be a constitutional tendency to find fault, or a cultivated design to disapprove of whatever has not germinated in Binghamton and been transplanted to Chicago.

Detroit, July 14th, 1856.

ONE OF THE COMMITTEE.

THE STATISTICS OF INSANITY.—We presume our professional readers to be already well informed of the progress made in the erection of the buildings necessary for the custody and medical treatment of those afflicted members of community who may become the subjects of mental unsoundness to such a degree as to disqualify them for the performance of their duties as citizens, as members of the family, or to render them dangerous members of community unless restricted in the enjoyment of their natural or social freedom.

The subject is alluded to now, for the purpose of invoking the aid of the profession in procuring the statistics deemed necessary to influence the legislature at the approaching session, so as to obtain from it such appropriations as will enable the trustees, without pecuniary loss to the State or unnecessary waste of time, to complete that part of the plan already commenced, in the course of the year 1857.

The policy by which the State has been governed heretofore, has been attended with great pecuniary sacrifice, and the suffering brought upon the citizen who requires the solace and the restraint of such a retreat, by the procrastination incident to that policy, cannot be expressed by any mathematical formula.

Of the motives by which that policy has been dictated, it does not become us to speak disparagingly. Of the effects of it we can remark with more freedom, without incurring the risk of having our own motives impeached or suspected.

The legislature, for want of accurate information in relation to the number and condition of the insane in the State, have not felt impelled, by a knowledge of their number or their necessities, to make the adequate appropriations. Instead of setting apart the sum required to complete the whole or the half of the plan adopted by the trustees, restricting them, if deemed expedient, in the sum, they should

expend annually, partial and insufficient appropriations have been made, so that the trustees have not been able to control the market for materials, or command during the seasons for labor the necessary mechanical and laboring force. Contracts have to be made contingently at a loss to the State, and mechanics and laborers dismissed at such seasons of the year as to render a new engagement with them difficult and expensive.

To prevent this sacrifice of money, to shorten the period within which the State will make provision to meet the wants of a class of its citizens who cannot act or provide for themselves, the Trustees think it will be only necessary to furnish the members of the legislature accurate information of the number and pecuniary condition of the insane in the State. For this purpose, circulars will be addressed, among others, to the physicians of the State, with a view to procure that information. If full responses can be obtained from the physicians alone, such a state of facts will be exhibited, as cannot fail to insure prompt and efficient legislative interposition.

ARMY METEOROLOGICAL REGISTER FOR TWELVE YEARS, from 1843 to 1854 inclusive, compiled from Observations made by the Officers of the Medical Department of the Army at the Military Posts of the United States. Prepared under the direction of Brevet Brigadier General THEO. LAWSON, Surgeon Gen. of the U. S. Army.

The subject of meteorology has of late years excited a deep interest in the minds of a great variety of classes and of the great mass of society. The attention given to it, in connection with regular systematic and scientific observations in the United States, is every year becoming more extensive. Results have been obtained, in some respects of great value to medical, nautical and agricultural men. Our country, by the direction both of the Federal and many of the State Governments, has contributed much toward the collection of serial observations over a wide extent, and in numerous varieties of geographical positions and climatic peculiarities, from which alone sound and valuable deductions can be made. The great laws which regulate the works of nature, are as steady and uniform in the phenomena of the seasons, the changes of atmospheric temperature, the varying conditions of health, the causes productive of disease, and the productions of the soil, as in the motions of the heavenly bodies. To understand and trace them, requires more accurate and extended observation, closer investigation and study, and the co-operating labors of many discerning minds and patient students spread abroad over

as wide a sphere as possible. No individual or institution of learning can ever be competent to originate, arrange and conduct a system for registering meteorological facts to an extent at all commensurate with the importance and value of the results which may be received. The zeal and patience of some, availing themselves of the facilities afforded by the reports and published registers of men of science and discernment, have done much to give character and importance to meteorological science. It is a matter deserving of much gratulation, that the pioneers in this region have attracted and received the attention of different governments, and that both their patronage and presses have contributed largely, of late years, to bring the subject of meteorology, in its various important relations, before the public, and to afford material for the study and deductions of competent minds in various departments of knowledge. The merchant whose property is afloat upon the ocean or inland seas and lakes; the mariner whose life is risked for its preservation; the farmer whose crops are of such essential value to man and beast; the physician whose healing art is often affected favorably or unfavorably by the conditions of the atmosphere, the suffering subjects of disease, which varies in its form and malignity by the action and causes determined by the character of the seasons and the relative amounts of heat, moisture, rain, drought, vegetable productions, fruits and electrical currents and phenomena; the engineer, mechanic and daily laborer whose successful occupations and pursuits are so intimately connected with the phases of the weather—indeed, all classes of society have interests of greater or less value, that link themselves with meteorological developements. It is not at all surprising therefore that an intelligent people should have discovered the importance and value of meteorological science, and reasons, plans and instrumentalities been adopted for the purpose of giving to it the direction and efficiency it merits.

The volume, whose title is placed at the head of this article, is one among many of the valuable contributions made on this subject. The Government of the United States, in originating and promoting the system of observations, which, in all their details, we find embodied in it, has shown its just appreciation of its value and conferred a benefit on society to coming generations. Our time will not allow us to give as full a notice of the work as it merits, but we hope that it may be appropriate and satisfactory to our readers, in a brief and comprehensive manner to unfold its character. It is the direct contribution of the army of the United States to the arts and interests of society in a state of peace, and in relations other than those re-

quiring to be protected by active force of arms and military tactics. We acknowledge our indebtedness to the numerous scholars among our military men, for the information and material they have furnished for the advancement of science, and for the immense benefits secured to civil and nautical society by the quiet, assiduous and eminently successful labors of our corps of topographical engineers.

The "Army Meteorological Register," prepared under the direction of Brevet Brigadier General Thomas Lawson, Surgeon General of United States, pertains properly to the medical bureau. It embraces a period of twelve years and is the fourth of a series extending back nearly forty years. With the office of Surgeon General of the Army, created by Congress in 1818, upon recommendation of the late Hon. John C. Calhoun, then Secretary of War, commenced the measures which resulted in 1821, in the full organization of the medical department. With it commenced a system of meteorological observations, relating to the medical topography of the different stations of each surgeon, the climate and diseases prevalent in the vicinity, &c. The registers thence proceeding date back as far as 1819. To the medical department of the army belongs the merit of having initiated the systems subsequently followed by the States of New York in 1825, Pennsylvania in 1836, Ohio in 1842, and the Smithsonian Institution in 1849. The last has been during the present year transferred, and is now under the direction and with the co-operation of the office of the Hon. Charles Mason, Commissioner of Patents, which will secure the annual publication of the results.

The "Meteorological Register" gives the mean temperature indicated by the thermometer, the maximum and minimum, and range, together with observations on the direction and the force of the winds, the number of fair and cloudy and rainy days, and the amount of rain and snow in inches for each month during the twelve years, in sixty different stations, from one extreme of the United States to the other. Added to this is a description of the geographical positions of the military posts; consolidated tables and summaries of temperature, with the latitudes, longitudes and altitudes above the sea, of the different stations; the monthly and annual amounts of rain, and isothermal charts, with the mean distribution of temperature for spring, summer, autumn and winter, and hyetal and rain charts, accompanying the report, and the report itself. The report contains a general review of the prominent portions of American climatology, a comparison of the distribution of temperature for the different seasons between American and European stations, and the mean annual dis-

tribution of heat; also the amount of rain and snow and the annual means, and embodies a great variety of valuable information.

The work is well got up, and the typographical execution deserves great praise. Such documents contribute greatly to the credit of the enlightened officers of government who plan and execute them. We hope to see them multiplied, and the different State Governments imitate the Federal in making provision for accurate and full meteorological observations. Our own State, we think, should organize a system of this sort without delay, if not in connection with our University, certainly with that of our Agricultural College, and put at the head of this department in it, a scientific and practical gentleman, whose experience and knowledge and known devotion to meteorological studies amply qualify him for the position. The interests that might be advanced and secured by these means, are beyond all calculation. Such a scholar and practical meteorologist as Th. Basnett Esq., of Ottawa, Illinois, author of a work entitled "Mechanical Theory of Storms," were he placed in a situation in which he could direct and secure the co-operation of a numerous corps of extended observers, and have the opportunity to examine, collate and make his deductions from their reports, would in a few years far more than remunerate the State and friends of science, for all the expenditure necessary to establish such a system, and pay a liberal salary for the support of a professor who would give his whole time to it. The country is deeply indebted to the Medical Bureau for what they have accomplished. General Lawson and the whole Medical Faculty will in time reap incalculable advantages from the results that will be received by such observations as those of the "Army Meteorological Register."

The foregoing remarks have been furnished to our hands by a clerical friend, himself long accustomed to observe and record atmospheric phenomena. In his estimate of the importance of such labors to general science, and the application of the principles deduced therefrom, to the agriculturalist and the physician, we fully concur; and when the second part of this labor, "the Vital Statistics of the Army," now in the hands of Dr. R. H. Coolidge, of the medical staff, shall have been completed, we shall then begin to see more clearly the practical results of such investigations.

Whilst disposed, like our correspondent, to award great credit to that corps of the Army whose joint labors, including its gallant chief, have laid their civic brethren under great obligations, we feel called upon to express our thankfulness that the present head of the War

Department is a gentleman of that degree of scientific culture, as to entertain such estimates of the reports of the staff corps having a scientific value, as to prompt him to use the influence of his official position to give them publicity. Nor can we allow the present occasion to pass without recording a tribute to the memory of Dr. Lovell, the first Surgeon General, who originated the idea of making his staff tributary to this gigantic undertaking.

We hope the indefatigable Dr. Coolidge may be retained in his present position, not merely for the sake of the public service in a technical sense, but for the sake of the American medical profession, in which he is a colaborator.

MISCELLANEOUS.

GLEANINGS FROM OUR JULY EXCHANGES.

Strychnine in Prolapsus Ani.—Dr. J. F. Perkey records in the *Ohio Medical and Surgical Journal* the case of a female, twenty-eight months old, suffering with almost constant prolapsus ani from repeated attacks of diarrhœa, cured by the above remedy. The bowel prolapsed to near a finger's length, and at times was very difficult to return in consequence of the contraction of the sphincter. The general health of the patient suffered much; appetite poor; strength feeble with some emaciation. By attention to diet and local applications of various kinds, some improvement of the general health and of the diarrhœa was effected.

"Oct. 4th. Astringents seem to have had a bad effect by preventing the free return of the bowel. I then determined to try the effects of strychnine. Aware of its general tonic properties in certain conditions of the system, combined with its specific effects on relaxed and paralytic muscles, I felt encouraged to give it a trial in this case, with the expectation that it would stimulate the spinal nerves, and give tone to the bowel and sphincter ani. I accordingly prescribed what is so well known as Hall's Sol. Strych. Of this I ordered from three to six drops three times a day."

All other remedies were withheld, and two days after the bowel ceased to prolapse, and the patient recovered speedily. The same result followed in a subsequent attack the succeeding summer. The author states that he has found the same remedy answer an admirable purpose in numerous cases of chronic diarrhœa.

He also remarks: "The good effect of strychnine in the morbid or irregular forms of ague and kindred malarious diseases is so well known to the medical profession, that it would be needless for me at this time to speak of its administration in these affections."

Lobelia Inflata in Rigidity of the Os Uteri.— In the *New Orleans Medical News and Hospital Gazette*, Dr. Warren Brickett reports a case, to corroborate the claims of Dr. Livezey in the *Boston Med. and Surg. Journal*, for Feb. 7th, 1856, entitled "Observations on Rigidity of the Os Uteri and Perinæum." The case reported was a primipara, married about 20 months, aged 41, and had been in labor about 18 hours. Vaginal exploration proved the os uteri to be open to about the size of a half dollar, but as rigid as possible and rather dry and warm. The vagina too rather warm and by no means ample; and the ostium vaginæ rigid. Pains recurring every three minutes, quite forcible, membranes entire, no apparent progress.

In consultation, it was determined to try the Lobelia, of which an infusion was prepared of the strength of one dram to the pint. Of this, about three ounces were administered, by injection every fifteen or twenty minutes, the effect upon the general system being watched for, in the mean time; in less than an hour, the os uteri was found dilating and much softer. Both, the vulva and vagina, were in an improved condition. The head presented well, the membranes were ruptured, and in half an hour after the patient was delivered of a boy weighing nine pounds, without the slightest accident to the perinæum, and the patient recovered rapidly, no disagreeable general symptom following either immediately or remotely.

Dr. B. concludes: "I must confess that I was delighted with the effect of the Lobelia in this case, the more especially as there were contra-indications to the use of some of the ordinary measures recommended. In the first place, the patient, although in a state of health, was by no means *plethoric*, and observation has taught me that the less blood, patients of this sort lose, the safer they are subsequent to delivery, and the more speedy the 'getting up.' Again the patient had been vomiting, and was still vomiting freely, with every pain. Under such circumstances, nothing was to be gained by the administration of tartar emetic, unless on the principle of *similia similibus curantur*."

Liquidamber Styraciflua in Diarrhœa and Dysentery.—Chas. W. Wright, M. D., Professor of Chemistry in the Kentucky School

of Medicine, in the *Am. Jour. of Med. Science*, for July, 1856, highly recommends a syrup of the bark of the Liquidamber Styraciflua, commonly called sweet-gum, a large forest tree indigenous to nearly every part of the United States, as a valuable remedy in Diarrhœa and Dysentery, and more especially in the Diarrhœa which is so prevalent among children during the summer months in the middle States, and which frequently terminates in cholera infantum.

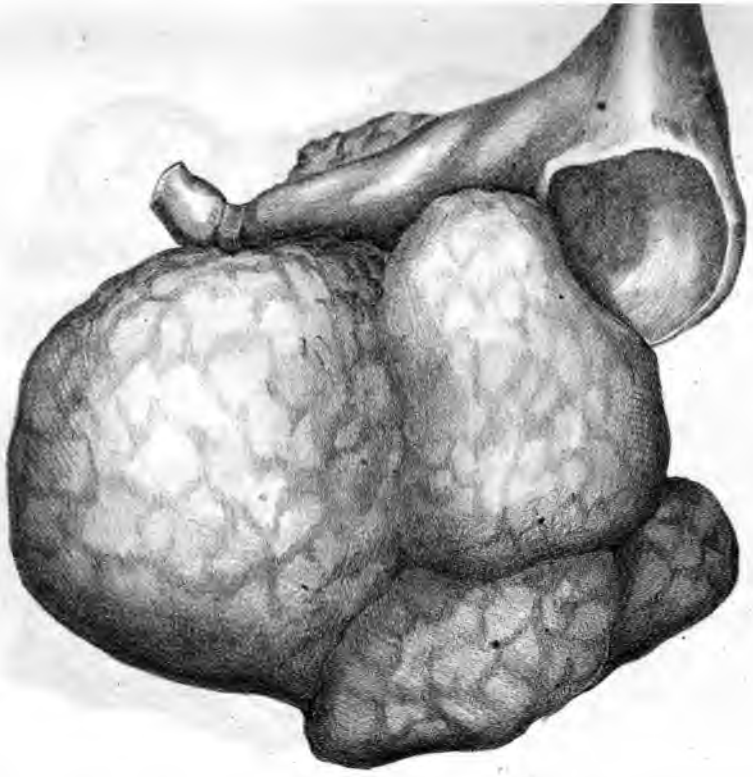
The best formula for the preparation of this syrup is that given in the *United States Pharmacopœia*, for the preparation of wild cherry, of which the following is a copy. The sweet-gum bark being substituted for the wild-cherry bark.

"Take of sweet-gum bark, in coarse powder, *five ounces*; sugar (refined) two pounds; water *a sufficient quantity*. Moisten the bark thoroughly with water, let it stand twenty-four hours in a close vessel, then transfer it to a percolator, and throw water upon it gradually until a pint of filtered liquor is obtained. To this add the sugar in a bottle, and agitate occasionally until it is dissolved."

"The dose of this syrup for an adult is about one fluid-ounce, to be given at every operation as long as the operations continue to recur too frequently."

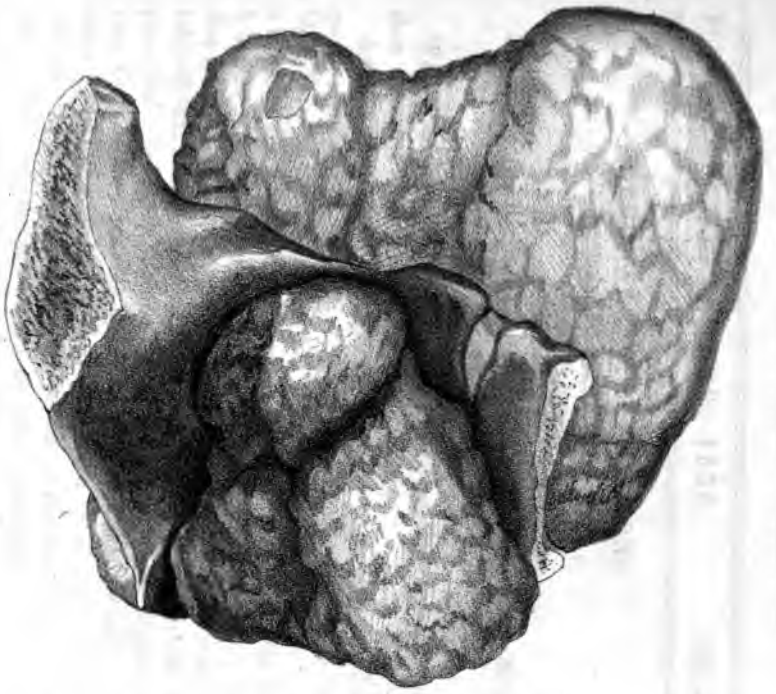
CATAMENIA TEMPORARILY INTERRUPTED IN ITS COURSE BY THE EXTRACTION OF TEETH.—A case of the above, is narrated in the *Dental News Letter*, by Joseph Woodward, Dentist, which occurred in the practice of Dr. T. H. Edmonds, of Richmond, Va. The lady came to his office apparently in fine health, and desired to have the two left superior bicuspids extracted. They were removed without difficulty, save that which followed, viz: a profuse hemorrhage from the alveoli. It subsided, however, in three or four hours, so that she could return home. The next day, the Doctor was sent for. He found the patient in bed bleeding copiously. He learned that nature was performing its functions the day before when the teeth were taken out, but that it ceased almost immediately after their removal. He lost no time in applying a compress to the part, and soon arrested the flow of blood, not many minutes after which she informed him that nature had resumed its work in the other direction. The patient was of a plethoric habit.

☞ We would call the attention of our readers to the advertisement, headed *Palmer's Patent Leg.*



L.Davenport M.D. del.

Plate,1. Anterior View.



L.Davenport M.D. del.

Plate, 2. Posterior View.

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ORIGINAL COMMUNICATIONS.

ARTICLE I.

Successful Use of Belladonna externally, in Obstipatio Alvi, caused, probably, by Lead Poisoning.

We beg leave to premise so much of the previous history as will show the constitutional condition of the patient.

April 20th, 1854. G. K., aged about twenty years, printer, tall and gaunt, complains of weakness of the forearms, and has an eruption of blebs which answers to our ideal of *Pemphigus*. It has existed but a few days and annoys him, more from its appearance than the pain it causes. The tongue is covered with a thick brownish fur. Says that his bowels are constipated, his appetite poor and capricious. I believed that he was suffering from the influence of type-metal, and prescribed: ℞ Syrup. Sarsa. Comp. fl. ℥iv, Potassii Iodidi ʒii, Cap. Coch. Parv., ter. die sum. One comp. cathartic pill to be taken at bed-time, and a weak yellow wash to be used upon the eruption; advised him to take especial care in avoiding the poisonous effect of the type-metal. Heard no more complaint, but saw him passing to and fro daily, generally in high glee.

January 19th, 1855. Called in consultation to G. K. Was told that about four weeks previous he had been attacked with bilious colic, which was cured in two or three days. The present illness dated back to the 17th, and constipation had existed before that. Large quantities of Pil. Cath. Comp., Hydr. Chl. M. and other pur-

gatives had been given, enemata of diverse sorts used with all practicable force, warm baths, &c., without relief. Vomits frequently. Intense pain is now situated in a deep position, about two inches to the left of the umbilicus, with general malaise, tenesmus, &c. Great anxiety of countenance. Tongue red at the tip, with brownish fur in the middle. Pulse about 100 and wiry. Abdomen hard, but flat and not very sensitive to pressure. The teeth were dark colored, but not covered with sordes; the gums in front having a blueish hue, differing, to our vision, from venous congestion. The mercurial fœtor slightly perceptible from the mouth. The extreme edge of the gums is light colored and velvety. Has been in the constant habit of eating crackers, nuts and fruit whilst working at his desk, and thinks the exciting cause of this attack was *over-cramming*.

PRESCRIPTION.—*Sang. missio ad deliq.*

R Magnes. Sulph. ʒiv } Solve in Aqua Pura fl. ʒii, sum.
Spts. Lav. Comp. m. xx } omne ter. hor.
Ext. Hyosciamus grs. iii, s. alternating with the former.

Jan. 21st. Was much easier after bleeding, and continued so yesterday. Tenesmus now very severe. Emesis continues of dark greenish, very offensive matter. Mercurial ptyalism distinct. Urine scanty and high colored. Has taken in addition to prescription, occasional doses of morphine and also castor oil. The most severe distress is still two inches left of the umbilicus and gives suspicions of intussusception. Continue remedy, and to use solution of Magnes. Sulph. as enema two or three times every six hours.

Jan. 22d. More comfortable. Thinks a small quantity has passed the entire alvine canal. Continue Magnes. Sulph. in small doses. Hoping that this was the approach of convalescence, I withdrew from the case, advising the use of Potassii Hydriodas for considerable time.

Jan. 26th, 6 P. M. Patient and attendants became satisfied soon after my last visit, that the movement of the bowels had not been past the point of previous complaint, and he has been growing worse up to this time. Purgatives and enemata, in variety and abundance have been driven with vehemence, with warm baths, &c., to no effect, but to aggravate emesis, tormina and tenesmus. Occasionally small scybala, like chopped peas, were washed away, and sometimes the matter vomited had stercoraceous odor. Pulse 116. Singultus troublesome. Feeling confident that Retentio Alvina was not necessarily fatal, we begged *an armistice*, advising anodynes and nutriment *per os et an.*

Jan. 27th, 8 A. M. No alteration except that he has rested more.

R Creasotum m. i,
Muc. Acaciæ fl. dr. i,
Acidum Hydroc. gtt. ii,
} Cap. omne bi-hor. alterius.

Unguent. Strychniæ to be rubbed on epigastrium every four hours. (Frictions of Oleum Tiglii and other articles had been previously used, and a blister or two drawn.)

Jan. 28th. More comfortable. Pulse 110. *No fœcal discharge.* No sleep.

R Pulv. Amm. Carb. grs. iv,
Musk grs. iii,
Morph. Sulph. gr. ½,
} Misce.

To be repeated according to distress, and produce sleep, if possible. Continue Ung. Strych., &c., as before.

Jan. 29th. Had a very little sleep. Vomiting less frequent and less offensive. Distress less constant, but at times equally severe. Is annoyed by unpleasant pricking and jerking sensations, most severe where the ointment was rubbed. Continue powders of Musk, Morph., &c., alternating with Hydrocianic Acid. every four hours. Discontinue Ung. Strych.

Jan. 30th. Pulse 100. Takes nourishment without vomiting, but seems given up to despair. Voids urine freely. Continue anodynes pro. re. n. Solution of Potassii Hydriod. has been given occasionally as the stomach would bear it, and is to be kept up. R Ung. Belladonnæ. Inungatur loc. ad fec. et loc. umbilici omn. ter. hor.

Jan. 31st. Complains of more tenesmus. Has not taken anodynes as frequently as before. No apparent improvement. Continue Ung. Belladonnæ quartis hora, alternating Hydr. Chl. Mitr. grs. viii. If the pupils dilate, an enema of Solut. Magnesia Sulph. to be given immediately.

Feb. 1st. Appeared giddy in the morning, but the pupils showed no change till about 11 A. M. At that hour a copious enema was used, and followed by a small discharge of clay colored scybala. Scarcely any relief, but not as desponding. Continue remedies.

Feb. 2d. No more evacuations, nor dilatation of pupils seen. Pain not as severe, or the prostration may be too extreme for characteristic exhibitions. Directed Ext. Belladonnæ to be procured from a fresh parcel, and used by moistening upon the same surface and a little larger circumference, every three hours, followed by enemata as soon as its specific influence is exhibited.

Feb 3d. The pupils were thought to be abnormally large during the morning, but not considered by the attendants to warrant using

an enema. Some vertigo and retching, probably the effect of the Ext. Belladonnæ. About noon, an enema having been administered, the bowels began moving freely; at first evacuating not far from three gills of an extremely dry mass, about the color of officinal Hydr. C. Creta, and followed by copious bilious and mucous stools, yielding great relief.

9 o'clock P. M. Feels exhausted. Pulse 120. Slight strangury. Has taken some brandy-sling and beef-tea.

R Pulv. Ipec. et Opii grs. viii,
Pulv. Camph. grs. iii, } Cap. horis octavis.
Liq. Amm. Acet. fl. dr. i, s. omn. bi-hor.

My attendance was now discontinued, but I am assured that perfect convalescence supervened without accident under the use of tonics and stomachics, with Syr. Sarsa. Comp. and Potass. Hydriodas, occasional doses of Pulv. Doveri and Magnes. Sulph.

Nothing but a cadaver could appear more forbibding to therapia, than our patient did from the 26th to 29th January inclusive. The clamor, for more physic, was not easily disregarded, but in all probability would have been fatal. The dilatation of pupils and other specific effects of belladonna with the successful use of enemata must have been more than co-incidents.

J. H. Beech, M. D.

ARTICLE II.

Medullary Tumor of the Liver and Stomach, with Disease of the Left Lung.

Mr. C., an intellectual gentleman, aged fifty years, of a highly nervo-bilious temperament, came under the observations of Dr. Taylor and myself May 17th, 1856. He had been in the habit of using, rather freely, intoxicating beverages the greater part of his life, until within the last six months. Since that time his strength and flesh have gradually wasted away, accompanied with anorexia and palpitation. The cause of all his difficulties he attributed to an organic disease of the heart, which he had persuaded himself would be the cause of his dying suddenly at some future day.

Upon a physical examination, however, we were enabled to convince him that his disease was not an organic difficulty of the heart; but that the palpitation was a mere functional disorder, caused by some symptomatic disease. The prominent points of interest devel-

oped in our examination were a quick, wiry and occasionally intermittent pulse; tongue furred and somewhat dry; skin cool and moist; mouth sore. Upon percussing the chest, there was a flat, dull sound elicited, both anteriorly and posteriorly beneath the subclavian region of the left lung; the right lung resonant. By auscultation, could not detect any respiration in the left lung. The heart palpitated at times with great force and frequency. Whenever this occurred, bruit de soufflet was also very audible.

We also found a well defined pulsating tumor, situated in the upper portion of the umbilical region, extending laterly into the left lumbar. This we did not consider of any great importance at first, from the fact that he had never realized any bad sensations from it, being void of pain even upon compression.

Taking these pathognomonic symptoms in conjunction with his previous history, we were led to believe that the general emaciation was caused by a chronic transformation of those processes which furnish the necessary pabulum for the healthy and harmonious performance of vital action. We were also of the opinion that the left lung had entirely ceased to perform its natural function, and was undoubtedly in an infiltrated or hepatized state. But as there were no dyspnœa pain, or other bad symptoms connected with the morbid sounds, and as he had never had any pulmonary difficulty, with the exception of one attack of acute pneumonia years ago, we concluded that this was only one of the many causes of his defective nutrition and decline. Our prognosis was consequently unfavorable.

The treatment was principally palliatives, designed, however, to arouse, if possible, the vital stimulus of his exhausted nature. The palpitation and quick pulse continued, (notwithstanding the inordinate doses of Veratrum Viride, Digitalis and the like which were tried in turn,) until we dropped all the sedatives and commenced with free doses of brandy. This controlled the arterial circulation so effectually that he entertained strong hopes of his yet recovering. The tumor gradually increased in size, developing with its growth something of a serious nature.

He continued failing until July 14th, when he expired.

The autopsy, sixteen hours after death, revealed more than we had anticipated. The left pleura was adherent to the wall of the chest and diaphragm. Left lung was undergoing rapid decomposition, so much so that it would fall apart on its own weight. Right lung healthy. Heart healthy, normal size. The stomach was considerably diseased, having in its pylorio portion a scirrhous looking tumor of

large size, which had formed adhesions to the liver, and could only be separated by cutting an extensive surface. The duodenum just beyond the pyloric orifice was considerably thickened and inflamed; the rest of the intestines were apparently healthy. Liver very large, weight six pounds and five ounces. Here we found the tumor which had baffled our diagnosis, occupying the entire portion of the left lobe. The right lobe was imbedded with numerous granulated tubercles, varying in size from a pea to a hen's egg. In fact, the entire substance of the liver was literally a tumor.

The anatomical characters of these tumors on section were allied, being composed of a white, opake, hardened substance. The larger ones, however, had commenced softening, and contained within themselves a grumous looking fluid.

The physiological deductions arising from these anatomical transformations is that the functional operations of the liver, left lung and stomach were nearly suspended. Yet notwithstanding all the modifications of those vital processes, he lived up to the time of his death without exhibiting one prognostic symptom of their disease other than those physical signs above enumerated.

I now leave this case for you and others, (if you deem it worthy of publication,) to answer, how it is that the vital processes can be so much modified, and existence continue, without showing any symptoms of disease.

Dundee, July 31, 1856. J. N. Mason.

ARTICLE III.

For the Peninsular Journal of Medicine.

Death from Prostration or Collapse with Ineffectual Attempt at Reaction.

The following perhaps would to the junior readers of your Journal be likely to afford some aid by producing in their minds at least a desire to get a philosophical view of the state of the nervous and sanguiferous systems immediately subsequent to severe bodily injuries.

Death immediately produced by prostration or collapse from imperfect or ineffectual attempt at reaction. On the afternoon of July 29, 1856. I was summoned in great haste to repair to the premises of Messrs. Barton & Godfrey, to attend to the surgical treatment of three men said or supposed to be seriously injured by the falling of

a part of a new bridge that they were helping to raise. On my arriving I found to my gratification that instead of three men being badly injured, there was only one, whose name was John Podoskie, aged forty-six years. I will here at the outset make a statement of his general strength, which was somewhat impaired by former sickness and impaired health. His temperament was bilious and nervous, the latter in excess. I found him in a half unconscious state, with sighing and imperfect respiration; pulse almost imperceptible at the radial artery.

After as thorough an examination as I deemed it prudent to make, on account of his prostration and extreme suffering in being moved, which seemed to implicate the bowels, urinary bladder, right hip and upper and back part of the right thigh; from the examination which I was able to make, I found no fracture and came to the conclusion that death essentially would be produced by the severe shock to the nervous system, amounting to prostration or collapse. From all I could learn from my investigation of his case, I considered it presumable that there was a partial fracture of the right iliac bone near the right acetabulum. He was only able to lie with the right leg well raised at the knee. In the act of turning him upon the left side he suffered extremely, until that position was fairly assumed, after which he seemed to rest pretty comfortably. Diagnosis was as follows: from severe injury received from the falling timbers, the shock and consequent prostration of the nervous system ensued. Prognosis very unfavorable.

Treatment was as follows: after carefully examining the pulse, which was found as stated at the outset, I proceeded to apply hot water in bottles to the feet which were quite cold, and in reality, this coldness affected the whole body, which I partly accounted for by his having been at work nearly all day in the water to his waist, (at least at a portion of the time). Sinapisms to the calfs of the legs and upon the epigastrium; tonics and diffusible stimuli were carefully administered, accompanied by frictions with dry flannels, upon the skin generally. This treatment gave signs of a favorable result after an hour or two: the skin put on a glowing warmth; the pulse became more full and remained moderately soft, and became less frequent and more steady. This change of the sanguiferous system, together with a constantly increasing thirst, induced me to resort to venesection for the time being very cautiously. The blood was poured forth in a full stream for an instant, (the veins having been filled well), but was soon diminished in size and rapidity, as it was thrown from the

punctured vein. The condition of the patient rendered it difficult to raise him in bed. To his lying in the recumbent posture partly, and to what seemed an increased disposition to the formation of coagulum, I ascribed the ceasing of the flow of blood to that extent, that not more than three or four ounces in all was taken. As an immediate consequence there was a most insatiable thirst and some complaint of the failing of the strength for some time after the venesection.

In conclusion, how are we to account for that rapidly increasing thirst, an hour or two before dissolution took place? It certainly was not symptomatic of existing inflammation. Was it so rapidly increased by the small venesection? I think not altogether, but so in part; but rather the result partly of the venesection by its prostrating effects, together with the effects of the injury upon the nervous system, by its extreme prostration and excitement. Was this a case at the first that offered even a plausible chance for recovery by the most prompt treatment? I think it was not. Was the prompt use of tonics and stimulants clearly indicated at the outset of the treatment of this case? I think they were not.

I forgot to mention that enormous swelling of the testicles and scrotum was found soon after death. This case terminated in dissolution at seven o'clock, the injury having been received at half-past two o'clock P. M.

The venesection was had recourse to, expecting that smart reaction was about to be fully set up with a high grade of inflammatory fever which, if not met by prompt and appropriate treatment, would soon destroy the patient. The strength remaining nearly uniform for upwards of two hours, I did not make a very vigorous effort to induce reaction, but rather sat by the bed-side to note carefully every change and act accordingly with moderation and observation.

If in the opinion of any medical gentleman there is any essential error in the view taken of this case, or error in treatment, let him speak out.

Croton, August 5, 1856. J. H. W.

Removal of Milk in the Breast.—Mr. Gibbon states in the *Lancet*, that the application of belladonna to the mamma is an excellent means of checking the secretion of milk. With a lotion consisting of half a drachm of the extract of belladonna to half a pint of water, he has succeeded in arresting the secretion in three protracted cases, where a variety of expedients had failed.

ARTICLE IV.

A Case of Vicarious Menstruation, showing also the Morbid Relations of the Colon and Uterus.

Having noticed that sterility in a majority of instances followed recoveries from cholera asphyxia, in females previously fruitful, I was led by the occurrence of such facts, to study the relations which the colon and uterus bear to each other in a morbid condition of that portion of the alimentary canal, looking always to the influence exerted by the colon over the uterus, until I first saw an article by a Mr. Van Deen on the reverse influence on these same organs, and subsequently the more elaborate monograph of Mr. Tilt on that and kindred subjects, when I was induced to look at objects from the other end of the telescope. Of the general accuracy of each of these gentlemen on this particular subject I have no doubt, and there is as little doubt that we may profit quite as much by studying it from each of these opposite stand-points of view.

The daily violations of the laws of hygiene perpetrated by the females of our own country, give importance to this subject. And female boarding-schools are such fruitful as well as frightful sources of mischief in this respect, that I have taken the case selected to illustrate what I wish to say on this topic, from one of these institutions. Although I could multiply the instances which go to establish the main point I have in mind at this moment, which is the existence of a controling power in the colon over the action in the uterus in certain cases, I propose now only to give the notes of a case, which show not only that such a power is sometimes exerted, but the wonderful resources of the system in its efforts to escape the penalties inflicted for the violations of natural law, hoping, at some future day, to return to this topic again, and in the meantime take occasion to say that we shall be happy to hear from our readers and correspondents on the subject.

Case.—Miss J. A. V. N. is of medium stature, good proportions, weighs about one hundred and fifteen pounds, of dark complexion, and up to the age of fifteen enjoyed the most perfect health, excepting the visitations of those diseases incident to childhood and youth, which uniformly passed away without making any inroads upon her natural constitutional vigor. Her mental character exhibited the impulsive vivacity and energy of the nervous and bilious temperaments combined, occasionally shadowed out into a paroxysm of hypochondriasis, mild and transient. Her menstrual evacuation was estab-

lished at thirteen and continued to be performed with ease and regularity for nearly two years, or at least without any abnormal deviation that attracted her attention at the time, or that could be recalled at the period of our conversation.

At the age of fourteen, she was placed at a boarding-school, with money sufficient to purchase all the candies and fruits necessary to destroy the appetite and impair the vigor of her digestive organs. After a while, the period not now recollected by her, their regularity was disturbed and habitual costiveness ensued; but the attention of no one was attracted to her condition, till she was attacked with a violent hysterical convulsion. This was followed by vomiting, great gastric distress, delirium and finally hæmatemesis. Then it was ascertained on professional examination, that she was suffering from obstructed and irregular menstruation, but not from total suppression, and a careful inquiry instituted by myself, elicited the fact that the irregularity of the digestive organs preceded the embarrassments experienced in the performance of the function of menstruation, by several months.

On being removed from school, her health in some respects improved; still, the irregularity of the bowels continued and the paroxysms of uterine excitation would recur at irregular intervals, attended with bloody vomiting. At length, after one of these attacks of more than ordinary severity, she was placed under my care, the friends of the patient expecting most probably more relief from change of climate than from medical treatment.

The first of the periods that came round after my attention was directed to the condition of her health, was passed without hæmatemesis, that, seemingly having been prevented by an imperfect recurrence of the natural menstrual discharge.

In February last, mental causes conspired to augment the uterine excitement, when spasmodic hysteria, hystero-mania and hæmatemesis all occurred at the same time.

Her mental hallucinations at this time were remarkable. Under the delusive idea that she was at her father's house, she adopted by the endearing appellations of mother, aunt and brother her personal attendants, and would submit to their direction as if in the presence of those only who had on former occasions been the witnesses of her sufferings and her ministers of mercy.

Her gastric distress was very great. The stomach would tolerate the presence of no appropriate remedial agent whatever, and would retain no article of food. The state of the pulse cannot be satisfac-

torily described, as it was scarcely five consecutive minutes the same. At one time it would be fluttering, feeble and compressible, then more full and intermittent, and transiently hard and small, like an oppressed pulse. When the pain and excitement were most intense, and before the vomiting of blood had been sufficient to mitigate their violence and abate their force, the most shocking manifestations of spectral illusions took place, that ever came under my notice, although familiar for many years with the phenomena of delirium tremens in its aggravated forms. The spectra were not only hideous in form, but red to that degree that the flash of their eyes seemed to burn the objects on which they fell.

This state of excitement was somewhat relieved after the vomiting of blood commenced.

Having learned from the patient herself, before this paroxysm commenced, of her idiosyncrasies in relation to opium, and not feeling justified in the use of venesection, I attempted to obtain relief for my patient in the use of other narcotics, beginning with the Extract of Belladonna. This was dissolved in the liquid Acetate of Ammonia of such strength, that twenty drops of the solution contained the twentieth part of a grain of Belladonna. Of this preparation she took twenty drops every two hours, making good also the quantity lost by vomiting, which often took place, when that occurred between the regular hours for taking the prescription. To my great gratification I found that the brain not only tolerated this steady use of the Belladonna, but that it proved sufficient to regulate the bowels. After continuing it four days, with a steady abatement of the symptoms, except in the quantity of blood lost by emesis, the menstrual discharge commenced, became more copious, and continued longer than it had at any time within the last two years. The loss of blood continued both by vomiting and from the uterus for nearly two weeks, though daily diminishing in quantity, the vomiting after the first week taking place only in the morning.

In anticipation of the return of the next monthly attack, I had prepared for her use a mixture of Tilden's Fluid Extract of Cimicifuga (Macrotis) and Belladonna, with a view to prevent a vicarious discharge from the stomach by promoting the natural evacuation.

Just before the completion of the month, my patient was well enough to return to her home at the East, and had not, two months after her return, experienced any recurrence of the hæmatemesis. Whether she menstruated regularly after leaving Detroit, has not

been reported. That is taken for granted, as the vicarious discharge of blood had not taken place to obviate the necessity for it.

The vomiting of blood in this case continued fourteen and the menstrual discharge eight days; the first averaging, at a low estimate, two ounces a day, and the latter at least one fourth of that quantity. It would be within the truth to say, that during the progress of it thirty-five ounces of blood were lost, that is within the two weeks the hemorrhage continued.

Remarks.—A practical professional reader of the preceding notes would—and I am free to admit there is an apparant reason for it—doubt the correctness of that judgment which overruled in deciding the question which arose in my mind in relation to the propriety of resorting to venesection for the relief of that state of the stomach made manifest by the epigastric distress, and the reflex sensations which gave such intensity to the color, and hideousness to the forms of the spectra, which flitted before the eyes of the patient, before the hemorrhage commenced.

If the only or the chief object to be kept in view, in the treatment of a given case of disease, is the abridgment of the period of suffering, then bleeding would have been the appropriate remedy in the present one, for it is quite obvious from the facts stated, that that period would have been shortened by the operation, and more than probable that the pulse would have become fuller after it.

Suppose the vis a tergo of the heart and arteries to have been diminished by venesection, would not the processes, struggling under the direction of the vital forces for fulfillment, have been retarded in their development by the measures that would have relieved the pain and subdued the hysterical excitement?

As this question naturally opens the door for the examination of the whole doctrine of therapeutics, the discussion of which may end in the creation of doubts of the propriety of adopting any and all modes of treatment, lest we thereby arrest the processes of repair set up by the reacting powers of the system, we will leave it to others to take it up, who have more time to bestow upon it, and capacities better adapted to its elucidation. Z. P.

New Hæmostatic.—Dr. Butler, of Ohio, recommends a scruple of tannic acid, to be dissolved in an ounce of elixir of vitriol, and fifteen drops to be given as a dose, in menorrhagia, &c.

ARTICLE V.

A TREATISE ON VENEREAL DISEASES. By A. VIDAL, (DE CASSIS,) *Surgeon of the Venereal Hospital of Paris, &c. &c.* With colored plates. Translated with annotations by GEORGE C. BLACKMAN, M. D., *Fellow of the Royal Medical and Chirurgical Society of London, formerly one of the Physicians to the Eastern and Northern Dispensaries, New York.* Second edition. New York: SAMUEL S. & WILLIAM WOOD, 1855.

This work was received some months since, was passed into the hands of one of the editors for examination and notice, who, in consequence of illness, made arrangements, as he supposed, for a friend to perform the labor; but from some misunderstanding it was not done, and has been allowed to remain till the present time. This is our apology to the publishers. Although the delay in noticing the volume is not material, as the work has been before the profession for some time, this being the second edition, and is of a permanent and substantial character, not one of those ephemeral productions which possess value only while they are novel, and must be sold as they come moist from the press, or be left to grace the shelves of the booksellers. Indeed, the present seems an appropriate time for referring to this work, as the journals have just announced the death of its distinguished author.

M. Vidal's position was side by side with M. Ricord, both leading surgeons of the great Venereal Hospital of dissolute Paris, with equal and most extended opportunities for experience, and apparently with about equal talents for observation and experiment, and equal zeal in their pursuits; still viewing their subject from different stand-points, and looking through different media of prepossession and perhaps rivalry of feeling, they arrived at conclusions on various points, directly opposite to each other.

Either from an ideal conceived in advance, or as the result of observation and experiments from his stand-point, M. Ricord came to a series of conclusions of a most positive and definite character. The whole subject of venereal diseases was brought to a regular and beautiful system, and Ricord was by many regarded as the great genius who had reduced the chaos of doctrines on this subject to the most perfect order.

Early in the history of venereal diseases, the greatest obscurity and confusion both in ideas and language existed among those who attempted to treat of these affections. The first really methodical

treatise on the subject was by Astruck, physician to Louis XV. in 1736. This work, the most learned of its day, divided venereal diseases into two stages, the first local and the second general, or when it had become universal in the system. Under the first stage he included virulent gonorrhœa and all its consequences, buboes, chancres and verucceæ. Under the second he described various diseases of the genitals, skin, mouth and nose, venereal pains, diseases of the bones, eyes and ears, and disorders of the functions. These were all regarded by him as the result of a virus or special poison.

No material additions were made to these views until in 1784, by John Hunter. He taught the existence of a venereal virus still more clearly and drew a most admirable and life-like picture of the disease. He regarded this virus as a unit, and showed that it might affect the system in two modes, primarily or locally, and secondarily or constitutionally. He farthermore believed that the primary effect of this virus was two-fold. When it came in contact with a mucous surface, it produced a gonorrhœa; but when applied to the skin, chancres followed; the same poison applied to different surfaces, producing different results. He specially called attention to the *induration* which he believed always attended primary sores, and did not consider those syphilitic which were not thus indurated. The indurated chancre is to the present time often called the Hunterian chancre. He farther taught that the virus in either of its primary forms—gonorrhœa or chancre—could give rise to constitutional effects, which he ably described under the term of Lues Veneria.

About the same time Benjamin Bell gave his reasons for separating gonorrhœa from true syphilis or chancre, believing in the existence of two poisons, views which were afterwards adopted and strengthened by others.

At a comparatively recent date, in 1830, M. Ricord commenced his investigations, conducted in a great measure by experiments in inoculations with venereal matter, and perfectly convinced himself and others, that a special cause—a specific material, not dependent upon the sexual organs—produced and propagated syphilis. He attached a strict meaning to the use of terms, and by his discoveries and mode of treating the subject, both in his experiments and descriptions (whatever may be thought of the truth of all his views) added vastly to our understanding of these diseases.

Venereal diseases, using the expression in its most general sense, as including all those affections which are directly or indirectly the

consequence of sexual intercourse, in whatever way affected, he arranged in two orders:

The *first* embraces diseases depending upon common causes, independent of any special agent or specific virus, being simple or non-virulent affections, reproducing themselves frequently and under all possible conditions. These he called syphiloid diseases.

His *second* order contains diseases depending upon a special principle distinct from ordinary morbific causes—a specific poison or virus, giving rise to specific effects called virulent. These he called syphilis.

This second order he divides into three distinct stages:

The *first* stage includes the immediate effect of the poison produced upon the spot where it has been deposited. Such he regards chancre.

The *second* stage embraces *secondary* symptoms, which he regards as the consequences of the absorption of this virus into the system. These affections are hereditary and may be transmitted from parent to child, but in his opinion are *not capable of transmission by contact or inoculation.* Among these secondary affections are included syphilitic diseases of the skin, mucous membrane, iritis, &c.

His *third* stage comprises *tertiary* symptoms, incapable of being transmitted by inoculation and *not* hereditary, but subject to pathological transformations and alterations of the submucous, subcutaneous, the fibrous or osseous tissues.

Blenorrhagia, embracing balanitis and gonorrhœa, he calls syphiloid or non-virulent, not depending upon a special poison, and not capable of producing constitutional effects, or of producing specific results by inoculation. While he regards syphilis as being never produced at the present time without a specific poison being applied, the syphiloid affections, as gonorrhœa, may be generated spontaneously, may be produced almost at will, and when thus developed, may be propagated by contact under certain favorable circumstances, but can never produce true syphilis, being distinct in nature.

In those rare cases where apparent gonorrhœal matter has produced chancre, or where gonorrhœa has been followed by consecutive syphilitic symptoms, Ricord assumes that there are concealed chancres (*larvæ*) in the urethra or other parts of the organs of those from whom the gonorrhœal matter is obtained, or who have these secondary symptoms.

These are the leading views of Ricord as to the cause and nature of venereal diseases.

Vidal takes issue with him on several of these points, some of the more important of which we shall indicate.

While Vidal admits that common causes may produce muco-purulent discharges from the membrane of the genital organs, yet that "virulent pus, that which is the medium of syphilitic virus, is the most frequent and powerful cause of blenorrhagia," and so far from gonorrhœa being always a simple non-virulent or non-specific disease, "there really exist syphilitic discharges which have no connexion with chancre, which has always been absent at every period of the blenorrhagia, and further still, the syphilitic nature of these discharges has been shown by the appearance of secondary accidents, by the general manifestations of poisoning;" and states that the assumption of concealed chancres or *larvæ* is untenable, that since the introduction of the use of the speculum, in females especially, they are proved not to exist—indeed, he "does not admit the existence of chancre in the urethra beyond the navicular fossa," and believes the pathological specimens presented by Ricord, to prove the contrary, were cases not of syphilitic, but of tuberculous ulceration; and we learn from a note by the translator and editor, that M. Velpeau and Prof. Gross doubt M. Ricord's diagnosis.

But Vidal says: "Admitting for the moment the existence of chancres deep in the urethra as rare and exceptional cases, and the number of consecutive syphilitic accidents which have been seen to follow urethral discharges, will convince any one of the impossibility of their depending upon this cause." In support of this view he refers to the opinions of M. M. Moreau, J. Cloquet, Velpeau, Dubois and others.

"Now," he says, "admit still farther that every specific syphilitic discharge is but a symptom of chancre, there will still (and here we fully agree with our author) always remain a form of inflammation of the mucous membrane, a sero-purulent discharge—in fine, a blenorrhagia which, by its progress, its duration, its accidents, its complications, can never be referred to an inflammation like that produced by simple irritants, by foreign substances, by ammoniacal injections. These simple inflammations are not communicated with the same characters from one individual to another; they are not followed by accidents of metastasis, such as blenorrhagic ophthalmia or arthritis; they do not continue a year, as did the blenorrhagia which a student gave himself by applying between the prepuce and the glans, pledgets dipped in gonorrhœal matter. All these effects proceed from a single cause (which does not simply irritate the mucous membrane, but

which penetrates the system [?]). Now this cause we may call a vice or virus; we may say that it is not syphilitic, that is is gonorrhœal. We come then to the conclusion of Benjamin Bell, and admit a double virus, (the very thing, judging from our own observations, we should be inclined to do,) or, more properly speaking, we apply two names to the same virus, which really requires much less expense of the imagination, much less research, much less time, since it is already made."

Now, for our own part, in view of the whole subject, we have no doubt that there is a gonorrhœal virus, which produces sometimes superficial ulceration, a form of bubo, arthritis, ophthalmia, sore throat and papular eruptions; whether it be a modification of the syphilitic poison, or distinct and *sui generis*, we are not prepared to say, though inclined, as already intimated, to the latter opinion. We are inclined to this opinion from the fact that we have never witnessed the occurrence of true secondary syphilitic accidents following cases of simple gonorrhœa. At all events we can but regard the notion of Ricord and Acton, that gonorrhœa is a simple non-specific inflammation, not produced by a virus, as a simple absurdity. Vidal, to sustain his view that blenorrhagia and syphilis are modifications of the same disease, asserts that the pus of a simple balanitis, where the disease was entirely external, and where there was no ulceration or even abrasion, has by inoculation produced chancre.

On the subject of the transmissibility of secondary accidents, M. Vidal stands opposed to M. Ricord—the latter, as already stated, denying such transmissibility by contact or inoculation, the former asserting it as established by observation and experiment, as having been repeatedly observed between child and nurse, between husband and wife, and as the direct result of inoculation. On this point, though the cases in which such transmission is directly effected, are comparatively rare, Vidal is sustained by an array of names in France, in England and in this country, among which are Sir A. Cooper, Tyrrel, Liston, Gross, Walace, Sir B. Brodie, Hey, Porter, Whitehead, Dr. James Stewart, Dr. John Watson, Dr. H. D. Bulkley and others in their published productions, and by Profs. Mott, Mussey and Willard Parker in their lectures.

If in this Vidal be right, as we fear he is, and especially if a husband who is apparently sound, but who has had syphilis, may communicate consecutive accidents to his wife, without conception occurring as well as by the well known method through a contaminated fœtus—what safety is there in a man's marrying who has this terrible

disease, the most direful curse which has been apparently sent to punish vice?

On the subject of *syphilization* our author is cautious and reserved. He neither repeats the declamations which have been made against the practice, or defends it. He does not believe that a saturation of the system by repeated inoculations with syphilitic matter will perminently protect it afterwards; but he regards the doctrine of local syphilization as true, else would a chancre spread indefinitely by its matter coming in contact with a denuded surface, and he seems inclined to the opinion, that certain persons may be protected, for a time at least, by the operation. On the whole, the practice, either in a prophylactic or curative point of view, he considers as unsettled. Ricord is strong in its condemnation.

On particular forms of venereal diseases our author is full, clear and explicit, both as it regards pathology and treatment. He condemns the "abortive" treatment of gonorrhœa as a general practice, and justifies attempts of the kind only in rare and exceptional cases, if at all; but in this he does not materially differ from the present position of Ricord, who abandoned the treatment some time since in ordinary cases.

In the treatment of true syphilis in its primary manifestations, whether in the form of pustules, ulcerative chancre or virulent abscess, Ricord urges strongly the importance of cauterization or excision as means to at once cut short the disease, declaring there is no authenticated instance of ulcers destroyed within five days from the period of infection, having afterwards given rise to secondary symptoms, provided these ulcers were alone and without complications.

Vidal by no means regards this method as effectual in any stage, however early. The results, he says, are very various, direct mischief being sometimes produced. Infection of the general system, he thinks, may take place while the chancre is forming, the local and general action are simultaneous; and at any rate it is never possible to say how far the local contamination has extended, and the principal danger of the practice consists in the false security which is produced by healing an ulcer by this mode, specific or constitutional treatment not being resorted to, for the purpose of preventing constitutional disease, which, as a consequence, will often occur. "It is therefore useless," says Vidal, "to search for the best methods to destroy chancres; we must learn how to treat them."

While Ricord in cases of regular chancre depends upon local treatment where it leaves no induration behind, Vidal attaches but second-

ary importance to the use of local means. He does not resort to caustics until after cicatrization has commenced, and the chancre has passed to the condition of a wound, and then for the purpose of checking excessive granulations, exciting new action when in a languid condition, or skinning over solutions of continuity.

While Ricord condemns an early and general resort to the internal use of mercury, he yet admits its efficacy under proper circumstances, and uses it as at least one of the most powerful agents that can be opposed to an indurated chancre; and he continues it after the chancre is healed, if induration still exists.

Vidal depends in the treatment of syphilis upon bathing, perfect rest for two days, bleeding from the arms, if the patient be robust, saline purgatives one or more in all cases, and the bi-cloride of mercury three times per day, continued for at least two months *without interruption.* The following is his formulary:

℞ Bi-Cloride of Mercury,
Ext. of Opium aa. gr. i,
Conserve of Roses q. s.
M. ft. pil. No. 25. One pill a dose.

If the medicine be interrupted for eight days, it must be commenced anew and continued two months.

But it is impossible to trace the differences of opinion between these great rivals in each minute particular, and as we have painted out those of most importance, we will here close the comparisons.

Besides treating fully of primary and secondary diseases of a venereal origin, and the accidents and consequences that may attend them, our author has an article upon private and general prophylaxis which closes the volume.

The translator and American editor, Dr. Geo. C. Blackman, formerly of New York, now Professor of Surgery in the Ohio Medical College, Cincinnati, has done his work well, and his notes and new matter which are freely interspersed, show him a man of learning and discrimination, and one particularly familiar with his subject. Different from what is the case in some instances, in this the notes of the editor are of decided value.

The volume contains 499 pages, is printed in fair type, on good paper, and is illustrated by several fine colored engravings. The work cannot be neglected by those who are determined to be well informed on the subjects of which it treats.

After expressing ourselves so favorably of the book, we need to make no apology for saying that we have noticed more typographical errors than should exist in a work of such pretentions and value.

A. B. P.

SELECTIONS.

ASPHYXIA, ITS RATIONALE AND ITS REMEDY.

BY MARSHALL HALL, M. D., F. R. S.

The term Asphyxia, which ought to be exchanged for Apnœa, designates that condition of the animal system which results from the suspension of respiration.

Respiration involves two processes—the inhalation of oxygen and the exhalation of carbonic acid.

The remedy for the suspension of respiration is, on every principle of common sense, the restoration of respiration. This view might be considered, irrespective of physiological inquiry and proof, as self-evident; but that proof is amply supplied by physiology.

Of the two functions suspended, it is certain, from physiological inquiry, that the retention of the carbonic acid is by far the more fatal, and that, in a word, asphyxia is the result of the carbonic acid retained in the blood, which becomes, in its excess, a blood-poison.

If this view be correct, it is evident that restored respiration is to the blood-poison in asphyxia what the stomach-pump is to poison in the stomach; and that it is the special remedy, the *sine qua non*, in asphyxia.

But this blood-poison is formed with a rapidity proportionate to the circulation, which is, in its turn, proportionate to the temperature. To elevate the temperature, or to accelerate the circulation, *without* having *first* secured the return of respiration, is therefore *not to save*, but in reality *to destroy life!*

Now, let me draw my reader's attention to the *rules* for treating asphyxia, proposed and practised by the Royal Humane Society. They are as follow:

1. Convey the body carefully, with the head and shoulders supported in a raised position, to the nearest house.

2. Strip the body and rub it dry; then wrap it in hot blankets, and then place it in a warm bed in a warm chamber free from smoke.

3. Wipe and cleanse the mouth and nostrils.

4. In order to restore the natural warmth of the body,—move a heated covered warming-pan over the back and spine; put bladders or bottles of hot water, or heated bricks, to the pit of the stomach, the arm-pits, between the thighs, and to the soles of the feet; foment the body with hot flannels; rub the body briskly with the hand; do not, however, suspend the use of the other means at the same time; but, if possible, immerse the body in a warm bath at blood-heat, or 100 deg. of the thermometer, as this is preferable to the other means for restoring warmth.

5. Volatile salts or hartshorn to be passed occasionally to and from the nostrils.

6. No more persons to be admitted into the room than are absolutely necessary.

My first remark on these rules for treating asphyxia is. that "to convey the body to the nearest house," is doubly wrong. In the first place, *the loss of time* necessary for this purpose, is *loss of life!* On the contrary, not a moment should be lost; the patient should be treated instantly, on the spot, therefore. In the second place, except in very inclement weather, the exposure of the face and thorax to the breeze is an important auxiliary to the special treatment of asphyxia.

But most of all, the various modes of restoring the temperature of the patient, the warm bath especially, are objectionable, or more than objectionable; they are at once inappropriate, unphysiological and deleterious.

If there be a fact well established in physiology, it is that an animal bears the suspension of respiration in proportion, not to the warmth, but, within physiological limits, to the lowness of the temperature, the lower limit being about 60° Fahr. A warm bath of 100° Fahr. must be injurious.

All other modes of inducing warmth are also injurious, if they divert the attention from *the one remedy* in asphyxia—artificial respiration—or otherwise interfere with the measures to be adopted with the object of restoring this lost function.

Such, then, are the views which the scientific physician *must* take in regard to the late rules for treating asphyxia promulgated by the Royal Humane Society. I now proceed to state the measures by which those rules must be replaced.

I revert to a proposition already made: as asphyxia is the result of suspended respiration, the one remedy for the condition so induced is, self-evidently and experimentally, the restoration of respiration.

But there is an impediment to artificial respiration never before pointed out. It is the obstruction of the glottis or the entrance into the windpipe, in the supine position, by the tongue falling backwards and carrying with it the epiglottis—an event which can only be effectually remedied by adopting *the prone position.* In this position the tongue falls forward. drawing with it the epiglottis and leaving the ingress into the windpipe *free.*

But even when the *way* is patent, there remains the question, how is respiration to be effected? The syringe or the bellows may not be at hand, and if they were, the violence used by them is apt to *tear* the delicate tissue of the lungs. The mode proposed by Leroy, of compressing the thorax by means of a bandage, and allowing its expansion by the resilience of the costal cartilages, is proved by experiment to be futile, chiefly, no doubt, from its being attempted in a supine position, with the glottis obstructed.

The one effectual mode of proceeding is this: let the patient be placed in the prone position, the head and neck being preserved in their proper place. The tongue will fall forward and leave the entrance into the windpipe free. But this is not all, the thorax and abdomen will be *compressed* with a force equal to the weight of the body, and *ex*piration will take place. Let the body be now *turned* gently on the side, (through rather more than the quarter of a circle,) and the pressure on the thorax and abdomen will be removed, and

*in*spiration—effectual *in*spiration—will take place. The expiration and inspiration are augmented by timeously applying and removing alternately pressure on the spine and ribs.

Nothing can be more beautiful than this life-giving, (if life *can* be given) this breathing process.

In one series of experiments, twenty cubic inches of air were *ex*pelled on placing a corpse in the prone position, and ten cubic inches more by making pressure on the thorax and ribs, the *same* quantities being *in*haled on removing that pressure and on rotating the body on its side. But I must give the experiments in detail.

A subject was laid on the table, and pressure made on the thorax and ribs, so as to imitate the procedure of Leroy. There was no result; a little gurgling was heard in the throat, but no inspiration followed. The tongue had fallen backwards and closed the glottis or aperture into the windpipe. All inspiration was prevented.

Another subject was placed in the *prone* position. The tongue having fallen *forwards*, and the glottis being free, there was the *ex*piration of twenty cubic inches of air, a quantity increased by ten cubic inches more on making pressure along the posterior part of the thorax and on the ribs. On removing this pressure, and turning the body through a quarter of a circle, or rather more, on the side, the whole of the thirty cubic inches of air were *in*spired. These manœuvres being repeated, ample respiration was performed.

Nay, there may be a question whether such considerable acts of respiration may not be too much.

It is to be observed, however, that in this mode of artificial respiration *no force* is used; the lung therefore is not injured, and that, as the air in the trachea and bronchial tubes undergoes little or no change in quantity, the whole inspired air passes into the air-cells, where the function of respiration is alone performed.

It deserves to be noticed, that in the beginning of this experiment in the prone position, the head had been allowed to hang over the edge of the table, all respiration was frustrated. Such is the importance of position.

Reserving the full exposition of this method of postural respiration, this theseopnœa, (from *thesis*, position,) for another occasion, I will conclude by reducing these views into the simplest rules for the treatment of asphyxia.

NEW RULES FOR THE TREATMENT OF ASPHYXIA.

I. Send with all speed for medical aid, for articles of clothing, blankets, &c.

II. Treat the patient on the spot, in the open air, exposing the face and chest freely to the breeze, except in too cold weather.

I. To excite Respiration.

III. Place the patient gently on the face, to allow any fluids to flow from the mouth.

IV. Then raise the patient into the sitting position, and endeavour to *excite* respiration,

1. By snuff, hartshorn, &c., applied to the nostrils;
2. By irritating the throat by a feather or the finger;
3. By dashing hot and cold water *alternately* on the face and chest.

If there be no success, lose no time, but

II. To imitate Respiration.

V. Replace the patient on his face, his arms under his head, that the tongue may fall forward and leave the entrance into the windpipe free, and that any fluids may flow out of the mouth; then

1. Turn the body gradually, but completely on the side, and a little more, and then again on the face, alternately, to induce *in*spiration and *ex*piration.

2. When replaced, apply pressure along the back and ribs, and then remove it, to induce further *ex*piration and *in*spiration, and proceed as before.

3. Let these measures be repeated gently, deliberately, but efficiently and perseveringly, sixteen times in the minute only.

III. To induce Circulation and Warmth.

1. Continuing these measures, rub all the limbs and the trunk upwards with the warm hands, making firm pressure energetically.

2. Replace the wet clothes by such other covering, &c., as can be procured.

VI. Omit the warm bath until respiration be re-established.

To recapitulate, I observe that

1. If there be one fact more self-evident than another, it is that artificial respiration is the *sine qua non* in the treatment of asphyxia, apnœa, or suspended respiration.

2. If there be one fact more established in physiology than another, it is that within just limits a *low* temperature conduces to the protraction of life, in cases of suspended respiration, and that a more elevated temperature destroys life. This is the result of the admirable, the incomparalable work of Edwards.

3. Now the *only* mode of inducing efficient respiration artificially, at all times and under all circumstances, by the hands alone, is that of the postural manœuvres described in this paper.

This measure *must* be adopted.

4. The next measure is, I have stated, to restore the circulation and warmth by means of pressure firmly and simultaneously applied *in the course of the veins*, therefore *upwards*.

5. And the measure not to be adopted, because it tends to extinguish life, is the warm bath without artificial respiration.

This measure *must* be relinquished.

These conclusions are at once the conclusions of common sense and of physiological experiment. On these views human life may, nay, must sometimes depend.

The foregoing extract has been copied from the *London Lancet* into most of the medical periodicals in America. Some have accompanied it with expressions of admiration, others have inserted it without note or comment; but none that we have seen, have made a single

remark upon the practical difficulties involved in it, thus illustrating the tyranny inherent in great names, and the passiveness with which our minds receive impressions from others, and our readiness to obey the dicta of authorities.

In order to form a just appreciation of the value of this new practical rule, we must take into consideration not only the physiology of respiration, the apparatus of deglutition and the relation that that function bears to the act of respiration, but also the condition of these associated organs and processes, whilst a person is in a state of asphyxia, demanding the use of insufflation as a means of restoring suspended animation.

The rule of action prescribed by this learned physiologist is evidently based upon the assumption that we are hindered in our efforts to inflate the lungs in cases of asphyxia by the dropping of the epiglottis upon the arytænoid cartilages, it being pressed downward and backward by the weight of the tongue, if the patient lies upon the back in a horizontal position.

If Dr. Marshall Hall had stood over the dying couch of as many of his patients, as it has been our misfortune to do, and have witnessed the painful struggles occasioned, by the entrance of fluids into the open glottis, which had been put into the mouth of the dying at the suggestion of a pure, but injudicious friendship, when the influence of the will had been cut off from the muscles which draw the larynx upward in the act of deglutition, by the venous engorgements which oppress the brain on the verge of dissolution, he would not so hastily have put forth this new guide for the action of the Humane Society.

An inspection of the horse in the act of drinking, or a view of the neck of a lean man taking water from a canteen, are quite sufficient to show an anatomical observer that the glottis is closed, not by the falling of the epiglottis, but by the elevation of the cartilages of the larynx, through the agency of the digastricus stylo-hyoideus, mylo-hyoideus, genio-hyoideus, genio-hyoglossus and stylo-pharingeus muscles.

A more satisfactory proof of the patency of the glottis may be obtained by introducing the finger into the throat in asphyxia of the newly born, in cases of carpo-pedal spasm, and in that form of asphyxia induced by the inhalation of anæsthetics, in each of which we have found the glottis open and the epiglottis nearly erect.

Another objection occurs to us against the hasty adoption of the suggestion of this learned Briton, which is based upon the fact that the first inspiratory efforts made in the class of cases above mentioned

are abdominal. Whether instituted by the agency of the phrenic or pneumo-gastric nerve, it is not our present purpose to enquire.

The analogics of comparative anatomy afford presumptive evidence that in the natural position of the epiglottis it stands at nearly a right angle with the alæ of the thyroid cartilage, for in the class of ruminants a muscle of considerable force extends from the upper surface of that cartilage into the structure of the lingualis.

These are the thoughts which have arisen in our minds on reflecting upon the subject of the proposition made by Dr. Marshall Hall, a name honored by the students of medicine in both hemispheres, aided by our imperfect knowledge of the structure of the parts involved in the discussion, and instructed by the morbid and moribund examples which have passed under our own observation.

Without having experimented directly upon the subject, or taken into view the offices performed by the glosso-pharygeal nerve, the nervus vagus, the sublingual or pneumo-gastric nerves, we think ourselves justified in doubting whether experience will warrant the proceeding enjoined in the extract, and of predicting that it will share the fate of the proposal to divide the platysma myoides for the cure of epilepsy.

IS PHTHISIS PULMONALIS CONTAGIOUS?

BY I. J. M. GOSS, M. D., OF JACKSON COUNTY, GA.

This is a question that has engaged my attention and observation for several years. In examining the standard works, I find considerable discrepancy of opinion upon this, as I regard it, important subject. Dr. Dickson, in his manual of pathology and practice, says: "A large proportion of writers of the past and present age consider this disease communicable by contagion, and within my own observation so many circumstances have occurred which seem to confirm the doctrine, that with Cullen I dare not assert that consumption is not contagious."

Dr. Dunglison says, he has had no adequate evidence that it can be extended in this manner; yet, says he, "singular instances of the kind have been related by different writers, and if they prove nothing more, they exhibit strange coincidences." In Italy the contagious nature of this disease appears to be admitted by almost all medical men. At Naples, when an individual dies of phthisis, his house, effects and furniture are destroyed; or, if his house is not destroyed, the walls are scraped and whitewashed, and the ceilings, floors and partitions removed. Similar views are entertained at Rome, where the disease is much more frequent than at Naples. "If," says Dun-

glison, "a person be constantly breathing the deteriorated atmosphere of the rooms which the consumptive occupy, by sleeping perhaps in the same bed, the health may ultimately suffer, tuberculous cachexy be induced, and finally confirmed phthisis." Dr. Bell does not admit that phthisis can be communicated by contagion, but admits nearly the same thing in substance, though not intentionally; he says: "Unhealthy air, whether from closeness, humidity, or impurities, combined with other causes, is a common cause of the constitutional origin of tuberculous matter." In Spain and Portugal, the contagious nature of this disease is so universally believed, that the clothes of those who have died of it, are burned by the civil authorities. Morgagni, so frightened at its contagiousness, never opened the body of one who died of it, but that he evinced great nervousness. Morton mentions this as a contagious disease. Elliotson says: "I do not believe that phthisis is in the slightest degree contagious;" but just at the top of the same page he says: "We see a family, brought up with every care in guarding against cold, having good food, good clothing, and good lodging, and attention paid to the slightest indisposition; and yet, one after another, especially if they be females, often become the victims of this disease." This would go very far to prove the very idea that he so flatly contradicts at the bottom of the page. He says, one is taken after another, and die, especially if they be females. This, it seems to me, may, with much plausibility, be accounted for in this way: one having a constitutional tendency to tuberculous cachexy, is exposed to bad air, as Dunglison says, or other external causes, and takes the disease; the others are in the room where he lingers out weeks, perhaps months, or even years of painful suffering; the air of the room, perhaps by close confinement, is kept in a contaminated state, and very soon after, if not before, the first dies, a second one perhaps is seen in the incipient stage of consumption. Now, Dr. Elliotson says, especially if the family be females; and why are females more predisposed to the disease than males? They are not as much exposed to the vicissitudes of atmosphere as the other sex, which is laid down as a common exciting cause of the disease, not only by him, but by most writers; but females are confined to the room to nurse and soothe a brother's pathway to the grave, or to palliate the sufferings of a sister, as she slowly declines by mental gloom and decaying lungs. Thus it is reasonable to account for the greater frequency of the disease in females, than in males (*ceteris paribus*). It seems quite plausible to me, that, if bad air has any agency in the production of a tuberculous cachexy, or that it tends even to excite, or call into action, hereditary or constitutional predispositions to the disease, that it, in the same way would produce the disease when coming fresh from the lungs of a patient with phthisis, while it is so fully contaminated, not with the common impurities produced by atmospheric changes, that are admitted to be causative of phthisis, but with a more concentrated virus, the exhalations of tuberculous matter itself, imbibed from the diseased air-cells, as the air passes through the lungs. What the nature of the virus may be, I do not pretend to know, or what its modus operandi. I

can only say, that, if the theory of Brussais be correct, which is, that phthisis is disorganization, which is the product of inflammation of the pulmonary parenchyma—though this is denied by some writers, others contend that irritation or hyperæmia is connected with tubercular formation and development. I believe irritation to be the first step in the development of pthisis, which seems very presumptive, from the fact that bronchitis, or any other inflammatory disease of the respiratory organs, will hasten the development or the fatal termination of this disease.

I have frequently seen pneumonia, pleuritis, typhoid fever, and various other febrile and inflammatory diseases engrafted upon phthisis, which, as well as I recollect, invariably aggravated the disease. Some writers acknowledge that a chronic inflammation of the pulmonary tissue may be developed in the absence of any tuberculous tendency, eventuating in phthisis. It is generally believed that certain employments may excite the disease, such for instance as stone grinding or dressing, and flint making. This fact is noticed in Berri in France, (a village,) where almost all the inhabitants follow the profession of making gunflints, and all of them die of phthisis, sooner or later. It is noticed too that feather dressers, cotton manufacturers, needle grinders, laborers in coal mines and other dusty employments, seldom escape consumption, which cannot be attributed to any thing but to the irritation of the dust, consequent upon these employments. Climate has been always acknowledged to have influence in producing or mitigating the disease, just in proportion as it was harsh and irritating, or mild and soothing. There is no climate entirely exempt from the disease; but there is a vast difference in countries in regard to the aggregate amount of cases of this disease, which is conclusive proof that a large proportion of the cases is produced independently of hereditary predisposition. I would ask, then, what can be the cause of so many cases among those who are employed in dusty situations? If it be not simply irritation of the dust, what can it be? Those thus engaged, generally are clothed and fed as other laborers of different occupations. I therefore conclude that irritation from dust in the air, as well as the harshness of cold, damp air, may be causative of this disease. I infer, then, if irritation be the first step in the development of the disease, it is quite reasonable to conclude, that the air, loaded with the virus exhaled from a tuberculous lung, may produce the irritation necessary for the production of the tubercle. So much for the plausibility or possibility of tuberculous contagion.

And now, I will give my reasons for my own suspicious of the contagiousness of this dreaded scourge of humanity. In 1843, I was reading physic in Harris County, Ga.; there lived a man in the neighborhood whose lady was laboring under phthisis pulmonalis; she lingered for some considerable time, and finally died. Her husband, a stout and apparently healthy man, was necessarily confined to her bed-chamber closely in her last illness, soon took the disease, and in despite of all remedies, soon died also. This case, coming under my immediate observation, led me to notice many similar cases, that have since fallen under my particular notice. This man had no here-

ditary taint that I could find out, nor did he exhibit any scrofulous or tuberculous diathesis that I could perceive.

In a village near where I now reside, a gentleman was laboring for several years under consumption, and finally died. His wife, who was confined to his chamber in his whole illness, soon took the same disease, and also died. She, too, was unknown to have any hereditary predisposition, as none of her progenitors had died with the disease, as I could learn.

Many cases of a similar nature have been related to me, but I only give such as have fallen under my own observation. I have seen quite a number of families, that, one by one, would fall victims to this disease. These would not be allowed to be adduced in evidence, as an inherited predisposition might be supposed to exist; but they followed in such quick succession to the grave, that I have been led to doubt that hereditary transmission had more, if as much agency in the production of the disease than contagion. There may have existed a tuberculous diathesis in some, or even all the members of the families thus observed; but why they should all appear healthy and clear of any scrofulous tendency, until some one of the family took phthisis, is hard for me to account for, only by supposing that, if they had any predisposition to tuberculous nature, it was, by the contagious air of the sick room, brought into active development.

I am acquainted with a family, some members of which are now under treatment for phthisis, some have already died of the disease; none of them, I believe, was known to have any appearance of the disease, until two or three years ago one of the family took it and died; another and another, until several have gone to an early grave —they followed in quick succession, three, I think, in one year. I know it may be, as it has always been said, that this was only an instance of predisposition; but why did these all enjoy health, until one of the family should die of consumption; then, in such quick succession, so many die in one family? There appears much plausibility in the conclusion, that, if there really existed a hereditary tendency to the disease, that that tendency was, by some exciting cause, then brought into active development, to have produced the disease in several persons in so short a time.

I pen these observations to elicit the testimony of others of better opportunity. I hope that it will not be withheld on this higly important subject, and that correct information may be had.—*Southern Medical & Surgical Journal.*

WOUNDS OF THE ABDOMEN.

BY DR. ROBARDS, PROFESSOR OF SURGERY AT THE MEMPHIS MEDICAL COLLEGE.

I was called, during the coldest weather in December, in consultation with Dr. Peyton, of this place, to visit two men that had been severely wounded in a fight that took place on a ferry boat, while

crossing Loosa Hatchie, about four miles above the city. On our arrival, we found both the patients in a small log-house occupied by the ferryman. One, Mr. B., was lying on the bed, bleeding profusely from various wounds in different parts of the body; the most serious of which, however, was one just above the elbow joint in front, which severed the whole of the integuments down to the bone. The other patient, Mr. S., was lying on the floor before a large fire, apparently in a dying condition. He also had received numerous wounds, inflicted with the same knife, which, though not seen by us, was supposed to be an ordinary large dirk knife, with a blade ¾ of an inch wide, and six or eight long. The wound in this case that was of the most importance, and seemed inevitably fatal, was in the abdomen, on the left side, a little below the umbilicus. A large amount of intestine and omentum was protruding, and resting upon the floor. It must have been inflicted at least an hour and a half before we saw it, and on inquiry we found that after receiving the wound he jumped into the river, and either swam or waded ashore, with this amount of intestine and omentum hanging out, (it could not have been less than a hat-full,) and the thermometer standing considerably below freezing point. On reaching the shore, he laid some time on a log, and was then taken into the house by some friends. Being in a state of collapse when I examined him, pulse feeble, the extremities cold and clammy, the features contorted and palid; he was let alone to die, and our attention directed to Mr. B., whose wounds occupied ¾ of an hour in dressing. In the meantime, however, S. frequently called for aid, begging us to give him morphine and let him die easy, that he knew he was obliged to die, &c. He was given large doses, but no brandy; he had taken quite enough of that before the fight. Finally, after becoming a little excited and relieved by the morphine, he began to beg to be dressed, and said no one knew but that he might get well yet. I asked him many questions while still engaged in dressing the wounds of the other patient, among them was, what kind of a pistol he shot his adversary with. He replied: "A d—d good one" (I mention this fact to show what powerful influence the mind and nerve can exercise in a case of severe wounds of any kind.) In my opinion, nine-tenths of the men in the world would have died of similar wounds and under similar circumstances, in three hours.

Finally, my attention was directed to the dressing of his wounds, more for decency's sake than with any hope of saving him. The intestines, though wounded in various places, had only one cut of considerable size; the others were merely punctured and completely obstructed by the protrusion of the villous coat. The distention by flatus was enormous, strangulation being perfect. The bowel and omentum were carefully placed in a basin of warm water, cleansed and softened, (they had become completely glazed,) the large wound was closed with the Glover's Suture, the small ones let alone. I then introduced a grooved director, and enlarged the wound in the abdominal walls about one-half. By gentle manipulation, returned the bowel the reverse of the manner of its escape, and finally the large quantity of omentum. The wound was brought together and

confined, by means of two or three interrupted sutures, a compress and bandage being applied. I proceeded to examine various other incised and punctured injuries in different parts of the body. One was immediately over the liver, and penetrated the peritoneal coat; but as there was little or no hemorrhage, I presume it did not enter that organ. Finally the patients were given an additional opiate and allowed to rest. The next morning I called to see those patients, and to my surprise, I found both without a bad symptom. Reaction had come on, but not too much. The bowels were kept confined in S.'s case; antiphlogistic remedies recommended, and I saw no more of them, Dr. Peyton taking charge of the cases. Two or three weeks afterwards, I learned that S. was at the County seat Raleigh, ready for another bout with any man that crosses his path.

This case is reported to show the extraordinary recuperative powers of nature when backed by indomitable resolution and a will of iron; and furthermore, that we should never desert a case in surgery, as long as there is the evidence of remaining vitality, and there is no vital part mortally wounded.

Mr. P., of Arkansas, some six or eight years since, received a gun-shot wound in the abdomen, which passed entirely through, and out at the opposite side. He recovered, as he supposed, entirely. About two years since, however, a tumor, about an inch in diameter, made its appearance near the umbilicus, a little to the left, which, in a short time, became painful and increased rapidly in size. At the expiration of six months, it measured over six inches in diameter, and was elevated about an inch above the surrounding parts; the edges were imperfectly defined, the color of the skin a dark, dusky red. There was at all times more or less pain, and on pressure it was excruciating. In this condition he came to this city for relief. Most of the physicians at times called and examined the case.

The diagnosis was not satisfactory, there being, as usual, a great diversity of opinion, both in regard to the nature of the disease, and the remedies that were indicated. Nearly all violently opposed any operative procedure. The patient, however, insisted so strenuously that something should be done for his relief, that finally Dr. A. K. Taylor and I agreed to operate, and the time was appointed for it; but on meeting ten or a dozen physicians, the operation was deprecated by so large a majority, that, through respect for the opinion of so respectable a number, we had for the time to abandon the idea.

The suffering of the patient, however, continued to increase, and we were constantly importuned to operate in defiance of opposition. His general health was also rapidly declining, and it was evident that without relief a week or ten days more would terminate his career. Under these circumstances, we determined to operate, our diagnosis being a fibrous tumor, situated beneath the abdominal fascia, muscles, &c., but without the peritonœum, and that suppuration had in all probability taken place, which, if not discharged, would unquestionably burst into the abdominal cavity and carry the patient off with acute peritonitis. Consequently, without calling in consultation, the patient was thoroughly chloroformed, a vertical incision made about an inch

to the left of the umbilicus; the whole extent of the enlargement, and a transverse one, commencing in the centre of the first, was carried four inches outward. (I should have mentioned that the tumor was of excessive hardness and slightly nodulated—no symptoms of fluctuation.) The dissection was then carefully carried through the fascia and aponeurotic expansion of the abdominal muscles, immediately below which was found a large quantity of most offensive, dark, ill-degested pus; the patient was immediately turned upon his side, and the whole allowed to escape. On introducing the finger, the walls of the sac could be distinctly felt, smooth, hard and thick; warm water injections were thrown in, and the cavity thoroughly washed out. The quantity of pus that was discharged could not be accurately ascertained, it must have been in the neighborhood of half a pint. The edges of the wound were brought together and retained by means of two or three stitches and adhesive plaster; an opening being left at the most dependent part, and a tent left in it. Cold cloths were confined over all by means of a bandage.

About the time the dressing was completed, the patient passed out of the chloroform state, and asked imploringly why the operation had not been commenced, and was inexpressibly happy to learn that it was all over. He was put to bed, and from that moment scarcely experienced a symptom of pain. The wound continued to discharge thick, healthy pus for two or three weeks, and rapidly healed from the bottom. He then went to the country, and through the aid of country air, tonics, &c., was in six weeks able to return to his home in the interior of Arkansas. I learned that, some months afterwards, from imprudence in diet no doubt, inflammation of the stomach took place which terminated in death.

QUERY.—What had the gun-shot wound to do with this deposition of fibrine and subsequent suppuration; it was situated, according to the representations of the patient, four or five inches from the course of the ball; and he had received no blow or been otherwise injured in the part? Was the operation justifiable with so strong and violent an opposition to it by almost every member of the profession in the city?—*Memphis Medical Recorder.*

PNEUMONIA DISCUSSED IN THIRTY-THREE APHORISMS.

BY M. BOUCHUT.

Our readers will be interested in the perusal of the admirably condensed series of aphorisms taken from the excellent work on Diseases of Nursing Children, by M. Bouchut. This mode of impressing a subject on the memory is very effective and often employed by the eminent author of this treatise. We are pleased to see that a translation of the work is announced by Dr. Bird, of New York, from the publishing house of the Messrs. Wood.

Primary pneumonia, which is also called pneumonia d'emblee, is rare in children at the breast.

Pneumonia usually follows simple bronchitis, or bronchitis complicating fevers, or acute febrile diseases.

Primary pneumonia is usually lobar.

Consecutive pneumonia is always lobular.

Lobular pneumonia is sometimes discrete, sometimes confluent.

The pneumonia of children at the breast is almost always double, and usually attacks both lungs.

Lobar or lobular pneumonia is observed under two anatomical forms, slightly differing as to structure; these are intra-vesicular and extra-vesicular pneumonia.

Intra-vesicular pneumonia, usually primary, leads to congestion and thickening of the walls of the cells of the lung, with the formation of an internal plastic deposit, which constitutes the character of red and gray hepatization.

Extra-vesicular pneumonia, always consecutive, only produces congestion and thickening of the walls of the pulmonary vesicles, without fibrinous plastic secretion in the interior of these vesicles.

Chronic pneumonia, more common in the infant at the breast than in the adult, is always lobar.

Pneumonia often engenders the formation of fibro-plastic miliary granulations in the interior of the cells of the lung, in lymphatic and scrofulous children, or in the issue of parents tainted with scrofula.

The development of lobular pneumonia is favored by the crowding of children in the wards of a hospital.

Ordinary and frequent cough, accompanied by fever and anhelation, should make us fearful of an invasion of pneumonia.

Expiratory, groaning and jerking respiration is a certain sign of the existence of confluent lobar or lobular pneumonia.

Panting respiration, accompanied by a continual movement of the nostrils, is a sign of pneumonia.

Dullness of the chest is generally but slightly defined in the pneumonia of children at the breast.

When dullness of the chest exists in a young child with a very bad cold, pneumonia should be feared.

Dullness confined to one side of the chest in a young child rather indicates pleurisy than pneumonia.

The subcrepitant rale which accompanies the cough, the fever and anhelation, confirm the diagnosis of confluent lobular pneumonia.

Bronchial respiration, which is rare in children at the breast, always belongs to lobar pneumonia, and sometimes to confluent lobular pneumonia.

Bronchophony, that is to say the resounding of the cry, indicates that pneumonia has arrived at its last stage.

The exaggerated vibration of the thoracic walls at the time of the cries, indicates pneumonia, whilst their absence on the contrary points out the existence of pleurisy with considerable effusion.

The acute or moderate fever at first continued, presents numerous exacerbations in the course of pneumonia.

Primary pneumonia, or d'emblee, is less severe than consecutive pneumonia.

Pneumonia consecutive to simple pulmonary catarrh is often cured.

Pneumonia consecutive to measles, scarlet fever, small-pox, is a very serious disease.

The pneumonia of children at the breast is, especially, a serious disease, in consequence of the complications which precede or follow its development.

The pneumonia of children at the breast has a great tendency to pass into the chronic state.

The pneumonia, which is consecutive to the development of fibroplastic miliary granulations, or to tubercular granulation, is usually fatal.

Expiratory, groaning and jerking respiration, accompanied by movements of the nostrils, announces that the life of the child is in great danger.

The swelling and œdema of the hands or of the feet, which comes on in the course of pneumonia, indicates an approaching death. (Trousseau.)

The return of the secretion of tears, which has been suspended in the attack of pneumonia, is a good augury for its favorable termination. (Trousseau.)

One or two leeches at short intervals, several blisters in front of the chest and doses of ipecacuanha, are sufficient for the cure of simple acute pneumonia.— *Virginia Medical Journal.*

THE EFFECTS OF DENTITION ON NURSING CHILDREN.

BY M. TROUSSEAU.

The most elementary questions in medicine are often the least understood. It would seem, at first sight, that we need not much concern ourselves about the trifles which daily swarm beneath the feet of the practitioner; but remember that Stoll has written a chapter entitled *De quibusdam magni momenti minutiis*, and learn early to neglect nothing.

The infant has twenty teeth, the adolescent twenty-eight, the adult thirty-two. The evolution of the twenty teeth of the infant is not completed before the thirtieth to the thirty-sixth month; but they are only temporary, for, at the age of seven years, he begins to lose them, exchanging them for others which are more durable. This process is normally accomplished at thirteen or fourteen years. Except the great king, who formed an exception to every thing, and who was born, it is said, with two teeth, the infant comes into the world with defenceless jaws, and it is not till towards the eighth month that the first milk teeth appear. But since the laws of nature are capricious, it often happens that one infant has teeth at four months, while another has none at the end of a year; hence no limits

can be fixed. Generally, the two middle incisors of the lower jaw first appear, and I anticipate a stormy dentition, whenever I see a child begin that process by the upper teeth. These two first teeth appear together, with an interval of twenty-four hours, forty-eight hours, four days and sometimes a week between them, but always *together*, remember, and they are the only ones which present themselves in this manner. Six weeks or two months afterwards, the two superior middle incisors make their appearance, not together, but at the distance of eight, fifteen or thirty days from each other. The process of dentition is thus very rapid, for the first two teeth, and more slow for the others.

Meanwhile, two other teeth are about to protrude—the two lateral incisors of the upper jaw—very soon, one or two months after the upper middle incisors. Towards the end of one year, the child has six teeth, and whereas he began with two lower, he has finished with four upper.

The teeth of children appear in groups; *dentes in infantibus ca. tervatim erumpunt:* first group, two inferior middle incisors at about eight months; second group, two superior middle incisors, towards ten months; third group, two superior lateral incisors, at one year, more or less; fourth group, two inferior lateral incisors and the first four molars (six teeth in this group, from fourteen to eighteen months); fifth group, four canines, from eighteen to twenty-four months; sixth group, four second and last molars, from thirty to thirty-six months.

The canine teeth appear after the infant has twelve teeth, and when he is from eighteen to twenty-four months old; their evolution lasts from two to three months. The sixteen teeth then present an unbroken series. An interval of six months, sometimes of ten months, then takes place, and at the age of three years, when those of the last group have pierced the gums, (the four second molars,) the process of dentition is finished.

It is not without object that I have spoken of groups; you will see that a knowledge of this arrangement is very important in respect to weaning. It is a fact worthy of consideration, that immediately after a group of teeth has appeared, there is an interval of rest for the child. Profit, then, by this interval to wean, for the moment is propitious. Do you know what is commonly done? Children are weaned indifferently, when they have two, seven, nine, eleven, fourteen teeth; no attention is paid to the number. Now, I entreat you to pay close attention to this, otherwise you will lose your little patients by that terrible affection of the intestines, *cholera infantum.*

You will often be consulted as to the time for weaning; never give an opinion, therefore, until after a scrupulous examination of the state of the dentition, and do not authorize the mother to wean her infant until it has six, twelve or sixteen teeth. Good practitioners will never permit a child to be weaned after the evolution of the first two teeth; the patient is too young, he is ordinarily but eight months old. It is only by careful management that you will succeed after the eruption of the third group; still, if you are strongly urged by the parents, consent, for you have before you a month or six weeks of

respite before the evolution of the fourth group. Allow it, then, in case of necessity, but never forget that the child has only six teeth, that he is only a year old, and that artificial alimentation will not always be successful.

The most favorable period for weaning is, beyond all doubt, the interval separating the fourth from the fifth group. The child in fact, is armed with twelve teeth, eight incisors and four molars, and he has before him a tolerably long time of rest, about two months, during which there is no reason to dread any intestinal trouble, and when the canines begin to appear (which group causes the greatest danger in its evolution), he is accustomed to his new diet, and prepared for the crisis which he is about to undergo.

Learn, then, to wait until after the fourth group, before weaning. If the health of the mother or nurse, or the circumstances of the family, oblige you to authorize an early weaning, always see that there are six teeth; but if, on the contrary, you are not obliged to yield to considerations of this nature, do not allow weaning until you can count twelve.

Do not imagine that things always go on so regularly. You will see children who have the molars before the incisors, or the superior incisors before the inferior incisors; for although dentition ordinarily takes place in the way I have described, it is no less true that it frequently presents irregularities which greatly perplex the physician who is earnestly watching for an interval of repose. In such a case, do the best which the circumstances will admit of; examine the state of the gums, and have the child weaned immediately after the complete evolution of a tooth, which will probably be followed by a period of repose, during which you will have leisure to guard against evil consequences.

Among the affections which are common to dentition, the most important, the most grave and the most obstinate are seated in the alimentary canal. A few days before it begins, the infant is restless, wakeful, cries violently, sucks it fingers, bites the nipple, refuses to feed, if it takes supplementary nourishment, and sometimes will not nurse. Its gums are red, and there is a very evident prominence at the points which the teeth are about to pierce; there is cough, the voice is changed, the mucous membrane of the mouth is irritated. From the moment the child has two teeth, the neighboring gums become inflamed, and the protruded teeth will be surrounded by a ring of red and swollen gum.

If you give mercury to a person who has no natural teeth, but who wears an artificial set, you will not see salivation, nor mercurial stomatitis, follow. But if the patient have a single tooth remaining which has escaped destruction, the effects of the mercury are manifested around it. The gum surrounding the tooth will inflame, while the rest of the mouth will be free from disease. The same is true with regard to the first two teeth; their eruption causes no affection of the gums, which, however, swell and become red with the evolution of the second and succeeding groups.

In almost all children the process of dentition is accompanied with

diarrhœa. This is sometimes moderate, consisting of three or four dejections only, daily, but it is frequently excessive, with green stools, resembling chopped herbs, or grains of curdled milk, with glairy and sometimes bloody matter. In certain cases marked tenesmus manifests itself, with prolapsus of the rectum. These symptoms, which precede, by several days, the eruption of the tooth, often continue, and even last until the entire group penetrates the gums. If the diarrhœa does not cease, you are aware what treatment should be adopted, and what attention should be paid to the diet. You will restrain and mitigate it as much as possible.

Would you advise weaning during this diarrhœa? No, unless the nurse's milk seems to keep up the intestinal flux.

During the summer season, the injurious effects of dentition are chiefly directed towards the intestines, very rarely upon the air passages. Intestinal derangements, fever, peripneumonic catarrh, and other morbid pulmonary manifestations, occur in the winter.

I must warn you against a popular prejudice which I advise you to oppose on every occasion that offers. You will hear it said again and again that diarrhœa is beneficial to children; believe it not, for too often it will cause the death of your little patient. Diarrhœa prepares the way for chronic enteritis, and chronic enteritis debilitates and destroys its victims. On the contrary, restrain the intestinal flux, and you will find that the other symptoms are much better borne.

In the same way, it is considered highly advantageous to leave untouched the filth which covers the head of a new-born infant. This ridiculous prejudice no longer exists in England or America; let us do away with it here.

When, during dentition, the evacuations are merely more loose than common, without amounting to diarrhœa, this slight derivative effort requires no interference, but it should not be allowed to continue too long.

It has been said that convulsions are common with infants whose bowels are constipated, but do not attack those who have diarrhœa, and are prevented by a good state of the bowels.

I call your attention particularly to the diet, as a point of the greatest importance. If you neglect caution in this respect, you will have diarrhœa, followed by enteritis, serious indigestion and eclampsia. Nothing is more common than severe cases of indigestion, aggravated by enteritis, and leading to convulsions; and nothing is more alarming to the parents, who generally lose their senses, and while the domestics or the neighbors run to bring the doctor, the mother, following the advice of some officious gossip, pours hot water over the hands and feet of her infant; he is scalded, and dies from the effects of it. This reminds me of what occurred to an eminent brother-physician, Professor Marjolin, during the course of a typhoid fever, which threw him into a state of profound stupor. They applied to his legs napkins wet with water at a temperature of 158° Fahr. Large eschars followed, which were not completely healed for several months.

If convulsions occur, the less you do, the better. The attack, indeed, is most frequently over when you arrive, and although there may be a slight recurrence once or twice during the day, the remembrance of it, only, is left, the day after. If there has been indigestion, administer a laxative, in order to expel any undigested food; allow the child to nurse but little, give it water with some albuminous substance in solution, and in an urgent case, a bath, and you will soon see the alarming train of symptoms disappear. Almost any treatment succeeds in the majority of cases, even the infinitesimal doses of that absurd system—homœopathy.—*Boston Med. & Surg. Journal.*

EDITORIAL AND BOOK NOTICES.

TO SUBSCRIBERS.—The third number of Volume IV. is now before our readers, and but few have as yet responded to our terms, viz. *pay in advance.* As it is absolutely necessary there should be funds *to pay the printer*; we hope all those in arrears will at once remit to us without further solicitation.

MOVEMENTS AMONG THE DENTISTS.—As announced in a former number of the Journal, there was a meeting of the Western Dental Association at Chicago on the 30th and 31st of July, and members of the dental profession were present from most of the Western and Southern cities as well as some from the Eastern. Among the more prominent members from abroad were Drs. Brown and Perkins, of New York; Drs. Clark and Knapp (brothers), of New Orleans; Drs. Spaulding, Dunham, McKellops and Blake, of St. Louis; Dr. Fitch, of Milwaukee, and Prof. Smith, of the Dental College of Cincinnati. Dr. W. W. Allport, of Chicago, presided, and Drs. Kennicott, Quinlan, Abel, Housinger, Bogue and others of Chicago participated in the business of the meeting.

We had the pleasure of being present during a portion of the second day's proceedings, and were gratified to find a body of men so intelligent and dignified, consulting together in a liberal and honorable spirit for the improvement of a profession which may be regarded as a branch or offshoot of our own. While we were present, the particular subjects of consideration were "continuous gum work," and "the various forms of gold used in filling teeth."

In the course of the discussion on the first subject, which was well conducted, but principally confined to mechanical processes and manipulations, more interesting to practical dentists, several questions in natural philosophy came up, including attraction of cohesion, atmospheric pressure, &c., as principles operating in keeping plates in their position in the mouth—the discussion showing the necessity of a familiar knowledge of the principles of physics, and the use of scientific terms for those who desire to become scientific dentists and to be able to communicate with each other in a clear and intelligible manner.

The subject of "filling teeth and the forms of gold used," excited much interest, and may not be regarded as unworthy the attention of our readers. It appears that gold has been exclusively used until within two or three years past, in the form of *foil*, since which a *crystal* form or sponge gold has been employed by some—an article manufactured in the greatest perfection in Utica, N. Y. It also appears that till within a few years past, some time longer than the use of crystal gold, the foil has been used rolled up in the form of masses or pellets; but that since that time it has been much used rolled in the form of *cylinders*, and that the introduction of this method to the profession, which is regarded as a decided improvement, is due to Dr. Clark, of New Orleans. These statements will assist in understanding the discussion, a mere outline of which is given.

Dr. Clark, of New Orleans, President of the American Dental Convention, which has very lately held a session in New York, and whose reputation as a filler of teeth has stood second to none, commenced the discussion.

He said that it was pretty well known that his method of filling was to use gold foil in the form of cylinders. He would not stop to re-describe that method, but had a word to say about crystal gold. He had accomplished some things deemed difficult with foil, and had built up teeth that were deemed past hope, and had been accused of performing useless operations to exhibit skill.

But he had seen several teeth filled by Dr. Allport of this city (Chicago) with crystal gold that showed results beyond belief from anything but ocular demonstration. He would mention two. Two front incisors presenting remnants only of the original shape, having lost about one-third of their width down, the approximal sides for two-thirds the entire length of crown, presenting pretty much the appearance of teeth that had been separated with a file a quarter of an inch in thickness. This part of the tooth was perfectly restored, with a

perfect adaptation of gold, with the cutting edge and all as perfectly as it could have been originally. When we note the fact that the nerve was not reached in the excavation, the profession will understand the difficulties to be encountered. These teeth had been worn eighteen months and had the marks of the antagonizing teeth.

He had never performed an operation of the kind, and should not have attempted it, had the case fallen into his hands. He thought such demonstrations worth all the word pages of theory that could be written on the subject. They were the brightest tokens of the onward progress of our profession. Such successes, and even such attempts, stimulated us all. He did not feel like going home to acknowledge that he could not do it, for what men have done boys may attempt.

Dr. Smith, Knapp, Spaulding, Perkins, Kennicott, Housinger and Bogue corroborated the views of Dr. Clark and frankly bore testimony to the superiority of the work by Dr. Allport.

A general wish was expressed that Dr. Allport should describe his mode of filling. In response to the call, he said, that he was deeply moved by the compliments which his professional brethren had paid him, and only had to regret that he was so unworthy of them. Whatever of success he may have attained, he still thinks his operations imperfect in many respects, and is determined still farther to improve. He has no special mode or principle of operation differing from others that he could communicate. What he had accomplished had been done by careful and persevering efforts. We could do more than we thought for before trying. He studied his cases, took time to think, made his plans and then proceeded to their execution—carefully, perseveringly, energetically. He did not do all his work in one way or with one kind of material. He does not do all his work with crystals, nor always use his foil in the form of cylinders. He even uses different forms in the same cavity—crystals, cylinders and pellets. It takes four times as long to work well with crystals as with foil. Much depends upon the preparation of the cavity. He works as much as possible perpendicular to the tooth. He gave farther accounts of some of his particular modes, which, as we could not fully appreciate, we did not minutely follow.

Dr. Clark in some subsequent remarks said, he could not refrain from saying that he had been very careful to give credit for every improvement to whom it was due. He repudiated the practice of keeping improvements secret. This was a liberal profession, exercised for the benefit of suffering humanity, and as in the allied profession of medicine, what was known by one should be communicated to all.

He was happy to state he had ever acted in that spirit. These remarks were well received.

In the evening the members of the Association met in a social way at the Briggs House and partook of a splendid entertainment provided for the occasion by some of the Dentists of Chicago. Sentiments were offered and speeches made by a large number of those present.

The Medical Profession was toasted, and the sentiment responded to by an invited guest, a member of that profession, who spoke of the kindred character of the two professions, the similarity of studies in some respects required by both, and the similarity in their objects, the repair of injuries and imperfections of the body, the result of accident or disease, and the relief of human suffering, the promotives of enjoyment. He also spoke of the advantages of such associations, the spirit awakened, the improvements effected, and commended in strong terms the determination he had seen manifested to make Dentistry a liberal profession in contradistinction from a mere mercenary trade, by discarding all secrets and secret mongers, and communicating freely together for mutual improvement, for the advancement of the art, and for the relief of suffering humanity.

At a late hour the company separated in the best of feeling, having had a season of both profit and pleasure.

We are happy to record these evidences of improvement on the part of American, and especially Western Dentists; and that the North-West contains those who are second to none elsewhere. The example of our own American Medical Association has undoubtedly been felt in stimulating to this concert of action and these improvements. In all departments of science and art, the world still moves.

Resignation of Prof. E. Andrews of his Situation in Rush Medical College.—We are informed that our friend and former associate in this Journal, Dr. E. Andrews, has resigned his position as Lecturer on Comparative Anatomy and Demonstrator in Rush Medical College, and has disconnected himself from that institution. At this we are not surprised, as, connected with the controlling power in that school, there are qualities with which such high-toned, honorable and independent characteristics as Dr. Andrews possesses, are incompatible.

Lest from the relations of this Journal with the North-Western, the foregoing remark should be misunderstood, we desire to state that it has no reference to either of those members of the Faculty connected with that Journal. Had they possessed a controlling

influence in this college, we presume there would have been no occasion for recording this event.

We have more than once expressed our appreciation of Dr. Andrews, and we have only to say that it remains unchanged. A more pure and honorable man, it has not been our fortune to meet. Free and untrammelled as he now is, we shall watch his advancement with increased interest and hope.

University Affairs. Pay of the Faculty of Arts, &c.—From our Ann Arbor correspondent we learn that the Board of Regents at a late session increased the amount of their annual appropriations for the maintenance of the Faculties in the Departments of Arts and of Science. This, in our judgment, will be approved by all who rightly appreciate the importance of high culture in the Professors of an institution, as dependent for its existence upon public approbation, as an University sustained by State authority must be, in order to withstand the assaults that will be made upon it through political pervigilation, sectarian jealousy, and adverse private interests.

The precise amount of this increase we do not know now, but shall be duly informed when the time comes for the Board to make its annual report to the Legislature. But if the aggregate of compensation awarded is only a just measure of the talents and acquirements employed in the service of the State, we have no fault to find with the action of the Board in that regard. As a rule, we believe this is the case, but to this, as to many other general rules, we believe there is in the University an exception, which we designed at this time to point out. But on more mature reflection, we have deemed it best for the University and the individual most interested, not to be more explicit now, in the hope that measures may be taken which will obviate the necessity of any further allusion to the subject.

The Medical Independent and The Peninsular Journal.—In the July number of this Journal we gave some account of a new variety of the Putorius Vison, which had previously been figured in the *Medical Independent* as a "Lusus Naturæ." To relieve our readers from the embarrassment which we had to contend with in first contemplating the changing position of the afferent and efferent nerves of the medulla spinalis, as the animal changed its mode of progression, from its rump to its head, it was stated that a revolving or universal joint was introduced into the vertebral column, to facilitate these ambulatory evolutions.

It is correctly assumed by the conductors of the *Medical Independent*, that our notice of the Putorius was designed to supply an admitted want of knowledge by Dr. Goadby on the subject of the zoological position of the Mink, and to accomplish another purpose, that of calling attention to his ignorance of the structure and functions of the medulla spinalis, or his presumption in supposing his readers so ignorant as not to apprehend the anatomical absurdities involved in his account of that "amazing" animal.

But the fact that Dr. Goadby is the senior editor of the *Medical Independent.* had nothing to do with calling out the article in this Journal which has disturbed so much the equanimity of his juniors. We were actuated by another and very different motive in directing attention to the productions of this gentleman's pen, who is held up by his copartners as an object of undying admiration. We allude to his conduct whilst a member of the Detroit Medical Society, during which time his conversation and associations were so grossly offensive and derogatory to the character of that body, as to lead to his summary expulsion. For such men as Henry Goadby, *Fellow of the Linnean Society, London, England,* we can only entertain the feelings akin to contempt. Their characters can never awaken a sentiment so elevated as envy.

Towards his editorial associates we have no feelings of animosity to give vent to. In our editorial intercourse with them, even in view of strong provocations to do otherwise, it will be our aim to follow the advice of the wise man who says: "Answer not a fool according to his folly, lest thou be like unto him."

"The Peninsular Journal and Dr. Storer."—It is with extreme reluctance that we recur to this subject, but the persistence of Dr. Storer in an effort to attach to us the crime of accusing him of lending his good name to the uses of quackery, compels us to do so in self-vindication.

We remark in the first place, that the advertisement of Dr. H. Perdbeau, reprinted in the July number of the *Peninsular Journal*, was copied with literal accuracy from the *Tri-weekly National Intelligencer*, of May 13, 1856, in which the christian name of Professor Storer, and the name of the school to which he is attached, were both inserted incorrectly. These inaccuracies were designedly copied in the statement made in the June number of this Journal, because they led us to suspect that Dr. Storer's name had been referred to without his consent; and to elicit that truth, it was added, "this statement

is made as a reason for instituting the inquiry, what relation this Dr. Storer bears to the medical profession in Boston? And whether it is possible that one of this name, affiliated to our friend H. R. Storer, M. D., (meaning an amiable young gentleman who was present at the session of the National Association in Detroit,) can have so far forgotten the respect due his natural and professional allegiance, as to allow his name to be merged in the advertisement of a mountebank?"

We have neither in this nor in any other sentence expressed our belief that the quack Perdbeau, who states that he had resided in Boston three years, had obtained the permission of Professor Storer to refer to his name. And if any disinterested reader on perusing this statement, or any one that has preceded it, will say that we have libelled the fair reputation of the Professor, we will hold ourselves convicted of calumny or falsehood, or of libel, and pledged to submit to the penalties which attach to such acts.

At the risk of disgusting our readers by crowding personal matters upon their attention, we here insert what Professor Storer says of us and of the identity of Perabeau in the *Boston Medical and Surgical Journal* for August 1856:

Dr. Storer gives to us, in writing, the following information:

"During the last winter, a gentleman by the name of *Perabeau* attended the medical lectures in our school. He was always at my lectures, and was a faithful student. It occasionally happened, after my lecture, finding he was going towards the centre of the city, I would offer him a seat in my vehicle, as I had often done to others, under similar circumstances. I have not seen, nor heard of him since—nor did I know he was now alive, until the appearance of the note from the editors, prefixed. It seems he is now a practising physician—homœopathist—and he has referred to *me*. In doing so, *he has done wrong*, because the inference may be drawn that *I had allowed him* to do so. He does not say this, however:—feeling that he was a faithful pupil, he has seen fit to refer to me, as men are every day referring to others for their character, without asking the right to do so—thus showing their confidence in their authority. As an homœopathist, for it seems he is one now, I know *nothing* of him, but as a medical pupil, I knew and respected him."

Now, in connection with this subject, we have one more remark to add, and in this we hope not to be accused of falsifying the record. Since reading the foregoing explanation of Dr. Storer, we have examined "a catalogue of the officers and students of Harvard University for the academical year 1855–1856, first term," and find on the list of medical students but nine names commencing with P., neither of which is Perabeau nor Perdbeau. We state the fact, and leave the application to be made by those who take the trouble to read what we have written.

HUMAN PHYSIOLOGY, by ROBLEY DUNGLISON, M. D. LL. D., *Professor of the Institutes of Medicine in Jefferson Medical College, Pennsylvania, &c., &c.* With 532 illustrations. Eighth edition, revised, modified and enlarged. In two volumes. Published by BLANCHARD & LEA, Philadelphia, 1856. For sale by RAYMOND & SELLECK, Detroit.

This is a work of so much intrinsic merit, and has been so long the medium through which many of the physicians in the United States, now reaching professional maturity, have derived their ideas of the functions of organic existence, that it scarcely needs the aid of the periodical press to keep it before the mind of the medical public. All that need be said to secure a rapid sale of the present edition, is simply that it is an improvement upon the preceding ones; the author having incorporated into the text the advances made in Histology by Kolliker, Gluge and others; in Physiological Chemistry by Liebig, Lehman and Bernard, and in Physiology proper by Todd, Bowman and Dr. Brown-Sequard.

Those only can fully measure and appreciate the progress made in this department of natural science, whose first inspirations were caught from a perusal of Richerand's Physiology. To such the retrospections of the last thirty years afford animating proofs of our advancement, and give an earnest of brilliant achievements to be made hereafter. Our author has kept pace with these advancements, and by assimilating in his own brain, the crude materials as they come from the amphitheatre and the laboratory and hospital of the investigators and observers of all countries, furnishes to his readers in a condensed and digested form the results flowing from hundreds of active intellects, working without preconceit or unity in design, but tending to the same end.

NEW REMEDIES, WITH FORMULÆ FOR THEIR PREPARATION AND ADMINISTRATION, by ROBLEY DUNGLISON, M. D., &c. &c. Seventh edition, with numerous additions. Published by BLANCHARD & LEA, Philadelphia. For sale by RAYMOND & SELLECK, Detroit.

This indispensable component of a medical library has been forwarded to us by the enterprising publishers. Those "new remedies" which have established their claim to a position in our list of Materia Medica, since the sixth edition was issued from the press, will be found in this, where the practitioner will also find their properties described, and full directions for their preparation, the dose to be given, and the mode of administration or application. There are but

few volumes more useful to the physician engaged in the fatigues of country practice, than this one. We wish it were in the power of every practitioner in the State to procure a copy.

ANNALS OF THE MINNESOTA HISTORICAL SOCIETY, 1856. Containing materials for the History of Minnesota. Prepared by EDWARD NEILL, *Secretary of the Society.*

These sketches of the natural features of that rapidly growing Territory and these reproductions of the records of the early adventurers among the natives of the North-West, cannot fail to attract the attention of all that class of men, who have to study the history of conflicting races, and to look into the causes of national decline and the instrumentalities of national progress.

Mr. Neill has performed a valuable service to Minnesota in thus embalming the materials for the history of the early life of that Territory, so that they may be of easy access to the future historian of that beautiful, but inchoate State.

Whilst indulging in a feeling of pride that a Territory once allied to our own State, should so early place her acts upon record to be seen of men, we feel rebuked by the fact that the Historical Society of Michigan has lain in a state of asphyxia for fifteen years, whilst the unwritten materials which should pass into its history, are fast receding into irrecoverable oblivion.

This volume has interested us very much. It is illustrated with a view of Fort Snelling, of Saint Pauls, of Ha Ha and Saint Anthony's Falls, and with an engraved portrait of Jonathan Carver. Appended to the interesting sketches of Mr. Neill is an address read before the society by our former townsman H. H. Sibley, Esq.

THE OBSTETRIC MEMOIRS AND CONTRIBUTIONS OF JAMES Y. SIMPSON, M. D., F. R. S. E., *Professor of Midwifery in the University of Edinburgh, &c., &c.* Edited by W. O. PRIESTLEY, M. D., Edinburgh, &c., &c., and HORATIO R. STORER, M. D., Boston, U. S., &c., &c. Volume II. Published by J. B. LIPPINCOTT & Co., Philadelphia, 1856.

This collection of the contributions of Prof. Simpson constitutes a valuable addition to the medical literature of the day, certain chapters of which are destined to be handed down to his professional heirs in both hemispheres, and preserved as the gift of this age to its successors.

His relatively youthful editors, Drs. Priestly and Storer, have exhibited a devotion well nigh filial in their efforts to preserve from

even the taint of suspicion the putative infallibility of their medical patron, and a highly commendable zeal in the pursuit of that department of study, in which Professor Simpson has acquired so much distinction.

Although we cannot endorse the opinions advanced in many of these essays, we would earnestly recommend their perusal to our professional friends, with the assurance that they will be instructed, if not convinced of the correctness of his speculative opinions and of the soundness of his practical precepts.

His chapter on anæsthesia will be historically interesting, when chloroform shall have gone, relatively, into the quiet of oblivion.

THE MICROSCOPE AND ITS REVELATIONS, by WILLIAM B. CARPENTER, M. D., F. R. S., F. G. S., *Examiner in Physiology and Comparative Anatomy in the University of London, Professor of Medical Jurisprudence in the University College, President of the Microscopical Society of London, &c.* With an Appendix containing the Applications of the Microscope to Clinical Medicine, &c. By FRANCIS GURNEY SMITH, M. D., *Professor of the Institutes of Medicine in the Medical Department of Pennsylvania College, &c.* Illustrated by 434 engravings on wood. Philadelphia: BLANCHARD & LEA, 1856. For sale by RAYMOND & SELLECK, Detroit.

The above work by Dr. Carpenter is one long needed by the medical profession, and it gives us the greatest pleasure in announcing its advent. In the present rapid strides with which science is advancing, no one means is of greater necessity than the microscope to approximate perfection. The greater, therefore, has been felt the want of that reliable information pertaining to its use. That such information being wanting, doubtless has deterred many from procuring the instrument, and as a consequence, scientific investigation has been lost on many points which otherwise would have been of the utmost importance.

This want has now been met in the work above mentioned, and the lover of the microscope is deeply indebted to Dr. Carpenter for that pleasure. A full description is given of the varieties now in use together with their various properties and mode of operation. "Particularly does the author aim to show how small is the *real* amount of reliable knowledge already required compared with that remaining to be attained by the zealous student."

A copious appendix has been added by the American editor, Dr. F. G. Smith, giving in a compendious form the clinical application of

the microscope, which was omitted by Dr. Carpenter in the body of the work, for the reason that special works have been already written on the subject. As these works are not attainable to many on this side of the Atlantic. Dr. Smith has added them as above.

To the lover of the microscope, whether in a scientific point or for the means of recreation, Dr. Carpenter's work fills a void that has long been seriously felt; and as there can be no reasonable excuse for microscopical attainment, all things being otherwise attainable, we therefore recommend *Carpenter on the Microscope by Smith* to all who have any interest in becoming efficients in the science of microscopy.

The work is fully illustrated by 434 cuts, in which all microscopes now in use, foreign and American, are delineated. We bespeak for the work a large and rapid sale.

THE DISSECTOR'S MANUAL OF PRACTICAL AND SURGICAL ANATOMY, by ERASMUS WILSON, F. R. S., *Author of "a System of Human Anatomy," &c.* The third American from the last revised London edition. Illustrated with 154 wood engravings. Edited by WM. HUNT, M. D., *Demonstrator of Anatomy in the University of Pennsylvania.* Philadelphia: BLANCHARD & LEA, 1856. For sale in Detroit by RAYMOND & SELLECK.

The present edition of the above manual is decidedly an improvement on those preceding, yet still in our opinion it falls short of being truly *a practical guide for young beginners.* It is so, as far as it goes, but it does not go far enough. The rudiments are entirely wanting. After giving in a brief manner what constitutes certain principal structures, the first chapter closes with, "when the subject is injected with chloride of zinc," &c. But not a word about preparing the subject for injection, or the injecting fluid, or how the student is to proceed in accomplishing his purpose; again, not a word about holding his scalpel or forceps, or how he should carry on his dissection, so as to be speedy and neat in his work.

A bad habit acquired when a student, of holding an instrument in a wrong position, renders the operative a bungling artist during his future life. No direction is given about the choice of scalpels, another item of great moment. We have seen those in the hands of students not fit even to whittle with, so short and thick in both handle and blade; but few makers make them long enough at the best.

These and other items are what the book lacks. Especially for the American student who has to depend so much upon his own

energies and opportunities in studying practical Anatomy, should Dr. Hunt edit another edition, we hope he will take the above considerations into notice, and at the same time introduce a plate showing the subject in a proper position for dissection, in order to facilitate the progress of the new beginner.

Notwithstanding our own opinions, we cannot but commend the work as being one of the best extant, and creditable alike to author, editor and publishers.

MEDICAL JURISPRUDENCE, by ALFRED S. TAYLOR, M. D., F. R. S., *Hon. M. D. of the University St. Andrews, Fellow of the Royal College of Physicians, and Lecturer on Medical Jurisprudence and Chemistry in Gay's Hospital.* Fourth American from the fifth and improved London edition. Edited with additions by EDWARD HARTSHORNE, M. D., *one of the Surgeons to Will's Hospital, &c.* Philadelphia: BLANCHARD & LEA, 1856. For sale in Detroit by RAYMOND & SELLECK.

Of the above work but little can be said. The high reputation at which it is held, can be but little enhanced by what we may write. Standing, as it confessedly does, at the head of British Legal Medicine, it stands side by side of our own countrymen's celebrated work, viz that of the lamented T. Romeyn and his Brother John B. Beck.

Of the popularity of the work it is sufficient to say that the present edition is the fourth since it was first issued in 1843, and of the whole no less than 10,750 copies have been issued from the press.

Although two years have only elapsed since the fourth edition was published, the present contains much more new matter. Numerous cases have been added under the head of Poisoning, much additional matter under the subject of Wounds; also Infanticide, Pregnancy, Abortion and Legitimacy; also the subjects of Drowning, Hanging, Strangulation and Suffocation contain many additional facts.

To sum the whole: to all those who are unable to obtain the work of Beck's, and even if they are, Taylor's Medical Jurisprudence should have a place in all libraries.

In this relation of Wharton's and Stillé's works we cannot speak, not having been favored with a copy from the publishers.

The work of Dr. Taylor contains 681 closely printed pages, and is embellished with a copious index. We consider it one of the best works of the kind extant, and creditable alike to the American editor and publishers.

Memoir of Moreton Stille, M. D., *read before the College of Physicians of Philadelphia, April* 2, 1856. By Samuel L. Hollingsworth, M. D.

This is a warm and eloquent tribute of affection, deservedly paid to the memory of one of the most highly cultivated intellects in the medical profession of a city, always distinguished for the number, the talents and learning of the votaries of those sciences, auxiliary to medicine and tributary to the healing art. From it we may learn how much can be achieved in the way of scientific preparation for professional usefulness, without the good fortune to reap adequate remunerative rewards, and what are the personal hazards attendant upon such intense and assiduous devotion to study. His life and example, in one point of view constituting a model for emulation, and in another a beacon to warn the ardent student that his physical organization must suffer the consequences of a too constant and protracted application to study.

In the extracts made from the letters of Dr. Stillé, written whilst in Europe, and designed by his biographer to exhibit the constancy and earnestness of his pursuit of knowledge, we find some remarks on the subject of clinical study and clinical teaching, so consonant with the opinions we have heretofore expressed, of its value when timely applied, and by inference so corroborative of our ideas of the futility of clinical instruction in American schools as generally conducted, that we copy them for the perusal of our readers:

"To-day I called on M. Barth, as the person from whom I would be apt to derive the most correct information and the best advice, and presented your letter to him. Much to my regret, I learned from him that M. Louis merely visited the wards of Beaujon, without giving any bedside lectures, and that the law of which I spoke to you last summer, prohibiting the *internes* from giving courses was still enforced. The present time is moreover vacation, and there is but little doing."

"M. Barth commences in a few days a course of demonstrations in Pathological Anatomy: the *interne* at St. Louis, who has been there a long while, leaves on the 1st of January, to make room for a new hand, and Ricord's *interne* does the same. I will probably, therefore, at least commence with these three, in order that I may have something to do." * * * * * * * * *

November 30. "I am attending Chomel's Clinical Lectures, and Trousseau at the Hopital Necker. I find it impossible from the number of students, however, to study individual cases in Chomel's wards, and am obliged to content myself with his lectures." * *

"Within a few days," he remarks, "Rokitansky commenced his private course on Pathological Anatomy. The manner of conducting it is thus: We take turns in making a *post-mortem* examination every

morning, and the one who makes it describes everything as he proceeds under the direction of the professor. The most remarkable specimens that have been taken from the bodies opened are then exhibited and described by Rokitansky, after which we adjourn to the museum and hear from him a systematic course on Pathological Anatomy, illustrated by the morbid specimens therein contained. I can only remark here in passing that the instruction is the most complete and thorough I have yet witnessed."

Nov. 7. "I rise at 7, and take my breakfast in my room—after breakfast I go at once to the hospital—a walk of some 10 minutes—and arrive there in time to attend Skoda's clinic, which begins at 8 and lasts until 10. After the clinic I go to the dead house and am engaged with Rokitansky till 12. I then return to my room or to the Medical Reading Room, and until 2 o'clock read on medicine. * * * The medical clinic of Scoda is entirely separate from the general wards of the hospital. It is in a separate building in two large rooms, and contains 28 beds, into which the most interesting cases are brought. I cannot express too highly my gratification with the manner in which this clinic is conducted. It is in fact the *beau-ideal* of clinical instruction. Each patient is placed under the care of an advanced student (*ordinarius*)—the *ordinarius* writes on the black-board, at the head of the bed, the name, sex, age, profession, &c., of the patient, the diet and the number of evacuations, alvine and urinary. He is obliged also to write out on printed sheets under appropriate heads, the previous history of the case, and all the subjective and objective symptoms at the time of entry, and the medical and surgical treatment, the prescriptions being written out at length. After the diagnosis has been made out by the Professor, the name of the disease is written in large characters in the middle of the black-board, so that one on entering the ward can at once see what cases are to be found there, and if he wishes to investigate any one, can do so without adressing a word to the patient, for the whole history and diurnal phases of the disease are there already written out for him with the greatest precision. At the visit of the professor, the *ordinarius* stands opposite to him at the head of the bed, and he must be a man of no little tact and acquirement who can answer readily and satisfactorily the searching examination he is bound to undergo. He may not reply negligently or vaguely, but must show how much or how little he knows. All the remarks that the student writes on the paper at the head of the bed are in Latin, and the conversation between the professor and him is carried on in the same language. This I found difficult at first to understand, chiefiy on account of the German pronunciation, but I can now make it out very well. In attending this clinic and Rokitansky's demonstrations and lectures, I enjoy advantages that I have yet nowhere found, and which I believe are to be found in no other European school whatever."

☞ A new school of medicine has been chartered in New Orleans with a faculty of ten professors.

PAMPHLETS RECEIVED.

CRETINS AND CRETINISM, *a Prize Thesis of the University of Edinburgh, Scotland*, by GEORGE S. BLACKIE, M. D., late Curator of the Botanical Society of Edinburgh, now Professor of Botany in the University of Nashville, Tenn.

We hope the author of the above thesis may be induced to republish the same in this country, as we deem it a valuable dissertation on the subject and an addition to our medical literature.

BRAITHWAITE'S RETROSPECT OF PRACTICAL MEDICINE AND SURGERY. Part 33. STRINGER & TOWNSEND, 222 Broadway, New York.

ANNUAL ANNOUNCEMENT OF THE COLLEGE OF MEDICINE AND SURGERY OF THE UNIVERSITY OF MICHIGAN. Session 1856–57.

The University of Michigan is located in the City of Ann Arbor, on the Michigan Central Railroad. Its fund is derived from the sale of certain lands donated by Congress to the State of Michigan for the exclusive purpose of founding a University. The Professors are paid entirely from the interest of this fund, and hence no Tuition or Lecture Fees are charged, all instruction being gratuitous. For certain small fees of matriculation, &c., the reader is referred to another paragraph. The Faculty wish to be understood, however, that the object of dispensing with fees is not merely to diminish the sum total of expense to the student, but rather to enable him to attend a longer and more thorough course of lectures, than he could otherwise afford.

Another object which the founders of the Institution had in view, was to remove from the officers all pecuniary interest in the graduation of candidates, and to insure that the honors of the College shall be given on the ground of competent attainments alone.

With these views the course of lectures is extended to six months, the number of lectures per day is diminished, and other arrangements made to carry out the principles recommended by the American Medical Association.

For further information enquire of Dr. S. H. DOUGLASS, Dean of the Faculty Ann Arbor, Michigan.

THIRTY-SEVENTH ANNUAL ANNOUNCEMENT OF LECTURES OF THE MEDICAL COLLEGE OF OHIO. Session 1856–57. Cincinnati, O.

For particulars enquire of S. G. ARMOR, M. D., 87 Seventh St., Dean of the Faculty.

FIFTH ANNUAL ANNOUNCEMENT OF LECTURES OF THE MIAMI MEDICAL COLLEGE OF CINCINNATI. Session 1856–57.

For information enquire of GEO. MENDENHALL, M. D., 197 Fourth St., Dean of the Faculty, Cincinnati, O.

FOURTEENTH ANNUAL CATALOGUE AND ANNOUNCEMENT OF LECTURES OF RUSH MEDICAL COLLEGE FOR 1856–57, CHICAGO, ILL.

For information enquire of N. S. DAVIS, M. D., Secretary of the Faculty, 53 Randolph St., Chicago, Ill.

☞ Since the publication of the present Announcement, a change has taken place in the Faculty of the Pennsylvania College. Dr. J. M. Allen has resigned the Chair of Anatomy, and Dr. T. G. Richardson, of Louisville, Ky., has been elected to fill the vacancy. Dr. Richardson has long been connected with the Louisville schools, and is well known as a successful teacher of Anatomy; he is also author of a work on that subject.

MISCELLANEOUS.

IODIDE OF ZINC IN ENLARGED TONSILS.—Several years since my attention was called to the use of Iodide of Zinc in enlarged tonsils of a chronic character. A few cases soon presented themselves in which the tonsil instrument would have been otherwise the resort as the only means of relief. But by the use of the repeated application of a solution of ten grs. of the salt to one ounce of water, I have been able, in a large majority of cases, to overcome these chronic enlargements. Such were the fortunate results of the use of the remedy in these cases, that I was induced to try its efficacy in other cases.

I have since used it in ulceration of the Os Uteri. At first I used the solution and increased its strength. The result encouraged me in a perseverance in its use, and was decidedly better than usually follows the use of the nitrate of silver—in my hands at least. Instead of the solution, I now use the powder, by means of the hair pencil or a small piece of fine sponge on a probang and carried through the speculum to the ulcerated spot. A few applications, with some days interval, were all that have been necessary. The solution to the enlarged neck or lips of the uterus will be found a valuable local alterative.

To the ulcers of "nursing sore mouth," to the fauces in scarlatina, to foul ulcers upon the extremities, the solution has been very often followed by excellent results.

Time will not allow me now to give a report in detail of any one of the different cases in which I have used the Iodide of Zinc, but because I regard it, after considerable experience, as not only a valuable remedy, but preferable even to nitr. arg. in very many cases. I have thought proper in this brief article to call the attention of the profession to it, and hope that after such a trial as I have given it, the result may be as satisfactory.—*Iowa Medical Journal.*

MONEY IN AND OUT OF THE PROFESSION.—In an interesting address delivered by Dr. Simpson, recently, to the newly elected graduates of the Edinburgh University, he advises the M. D.'s not to expect to make as much money as if embarked in trade, or in any other profession besides the medical; but cited the following instances of the "ups and downs" of great men's lives. Dr. Hall, in the Crimea, has a salary of two guineas a day, "an income far less than that made by many a second or third-rate village apothecary (general practitioner) in England;" Dr. Cheyne, of Dublin, when only 34 years of age, made only three guineas during the first half his second year's practice—nine years subsequently he was making £5000 annually; Dr. Chambers, in his fifth year of practice and when 34 years of age, made £211 in fees—seventeen years subsequently, £9000 annually; Dr. Baillie £11,000 in one year; Dr. William Hunter had not money to advertise his lectures. In 1788, the son of an English clergyman attended the classes of Edinburgh, and lived in a room which cost him 6s. 6d. a week; in after life, as Sir Astley Cooper, his professional income in one single year amounted to £23,000. We might add to these the following items, stated on good authority. Mr. Colles, of Dublin, made £11,000 a year; Albert Smith, a surgeon, gave up his profession in dismay, and made £19,000 the next winter of "Mont Blanc;" Professor Anderson, now in London, makes a something like £10,000 a month, displaying the absurdities of table-turning and mesmerism. £86,000 is said to have been recently realized by the sale of a copyright of a newspaper which originated in the sale and advertising of a patent medicine, while we fall out with Dr. Cormick's *Association Journal* for spending £15,000 in fifteen years, in struggling to uphold legitimate medicine. Homœopaths in London make double as much money as any seventy average surgeons.—*Dublin Med. Press.*

NEW METHOD OF TREATING PHAGEDÆNA.—Mr. Cock has recently been trying, in Guy's Hospital, a plan of treating phagedænic ulcers by constant irrigation. The method is, to have the sore well exposed, and the affected limb placed on some water-proof material; a reservoir above the bed is then filled with lukewarm water, and, by means of an elastic tube, a stream is kept continually flowing over the surface of the sore. By this means all particles of discharge, &c., are washed away as soon as formed, and the ulcer assumes the clean, pale appearance of a piece of meat which has been long soaked. In all the cases in which it has been practicable to employ the irrigation efficiently, a speedy arrest of morbid action has been secured, and the number has included several in which the disease was extensive and severe. The theory of the treatment is, that phagedænic action is a process of local contagion—the *materies morbi* by which the ulcer spreads, being its own pus. Admitting this supposition—which there is every reason for doing—to be true, the object to be kept in view in curative measures is either to decompose or to remove the local virus. This end is accomplished somewhat clumsily by such remedies as the nitric acid, which, unless so freely used as not only to char up

all the fluid matters, but to destroy the whole surface of the ulcer to some depth, fails to prevent a recurrence. Mr. Cock's plan of subjecting the ulcer to a perpetual washing attempts the accomplishment of the same end by a more simple and direct method. It involves no pain to the patient, and does not destroy any healthy tissues. Its one advantage seems to be, that, excepting on the extremities, its use would be attended with some inconvenience, from the difficulty of preventing the water from running into the patient's bed. Should, however, further trials confirm the very favorable opinion which has been formed at Guy's as to its value, these difficulties might, no doubt, be surmounted by the contrivance of suitable apparatus. The directions as to temperature of the water are that it should be as warm as comfortable to the feelings of the patient; and, as preventive of smell, Mr. Cock advises the addition of a small quantity of the chloride of lime or of soda.—*Med. Times and Gaz.*

Eneuresis.—Two methods for treating this troublesome affection having been given in our May number, we present the following, which we adopted in our practice long ago, from the *Medico-Chirurgical Review*, of January 1849:

℞ Ex. Belladonnæ.
Ex. Hyoscyami, aa. gr. xvj.
Sacchari albi, ʒi.
Aq. Camphoræ, ʒiss.
Take a tea-spoonful at bed-time.

In obstinate cases, we have sometimes repeated the dose two or three times in the same night. We have rarely failed of success, though in one case we were obliged to give up the remedy before the cure was complete, in consequence of the excessive dilatation of the iris. We remember one case, where the disease had continued from early childhood till the age of seventeen, which was permanently cured by a week's use of the above prescription. The young man was unable to recollect a period at which he had not been constantly troubled with an attack on retiring to sleep. Where remedies so diverse cure the same disease, we are naturally led to the hypothesis that, though the symptoms are identical, the pathology is different; for example, we are disposed to think that, where Dr. Merrill's remedy—the Iodine—was successful, irritation of the mucous lining of the bladder was the cause of mischief, while in cases where the present treatment effected a cure, (Belladonna having a special tendency to the muscles of organic life,) the *sphincter vesicæ* had been the seat of the disease. —*Memphis Med. Rec.*

Proffered Donation to the Philadelphia College of Physicians by Prof. Mutter.—Prof. Mutter has generously offered to present to the Philadelphia College of Physicians his valuable Pathological Cabinet, and, at his death, to endow it with the sum of thirty thousand dollars, provided the College will comply with certain specified conditions, which, we presume, will be done.—*Medical News.*

New Form of Astringent Application. By Dr. William Bayes, Brighton.—Pure glycerine dissolves nearly its own weight of tannin, affording a very powerful local astringent application.

The solution of tannin in pure glycerine appears to me to supply a desideratum long felt, and capable of a great variety of useful applications.

The solvent property of glycerine over tannin allows us to form a lotion of any desirable strength, as the solution is readily miscible with water.

The solution of tannin in glycerine, in one or other of its strengths, is peculiarly applicable to many disorders of the mucous membrane, readily combining with mucous and forming a non-evaporizable coating over dry membranes; hence it may with benefit be applied to the mucous membranes of the eye and ear in many of its diseased conditions. It forms a most convenient application to the vaginal, uterine, urethral or rectal membranes, where a strong and non-irritant astringent lotion is desired.

In local hemorrhages, where the bleeding surface can easily be reached, it will prove very convenient, and may be applied either with a sponge or small brush.

The solution must be kept in the dark, and should not be prepared for any great length of time before used, or decomposition will occur.

It is singular that glycerine does not possess the same property towards gallic acid.—*Association Med. Jour.*

Acid Beef-Tea.—The following is the formula for an acid beef-tea, which Mr. Paget has recently introduced into use in St. Bartholomew's Hospital. It was originally suggested by Liebig, and is intended, in cases of great debility, to supply the stomach with fluid nutriment, which, containing its own acid, will task the digestive powers in the least possible degree.

Take of beef, veal or chicken, chopped fine, half a pound,
" of hydrochloric acid (strong), four drops,
" of water (cold), eighteen ounces,
" of common salt, a pinch.

After macerating for an hour, strain off the fluid, using no pressure. The remaining meat may be treated with half a pint of water, and a second solution obtained. If the fluid be not clear, a second straining will be needed. The solution does not taste acid and is very palatable. Pepper or other spice may be added, according to the patient's taste.—*Med. Times and Gaz.*

On the Treatment of Purulent Ophthalmia, with Cases. By J. F. France.—In this paper, Mr. France records the history of nine cases and gives the result of his treatment in twenty more. The cases varied in their nature, some being dependent on gonorrhœa, others on exposure to cold and wet, &c. The object of the paper is to show, first, "that this disease, left to its natural course, imperils in the very highest degree the faculty of vision;" and second, that "up

to a given period it admits of remedy and is divested of danger, by the plan of treatment adopted." The following is a summary of the treatment recommended:

1. In acute cases, local depletion by leeches, and scarifying the inner surfaces of the eyelids every twenty-four hours; also scarification of the ocular conjunctiva, where there is much chemosis.
2. The repeated application between the eyelids of a collyrium of nitrate of silver, containing from 1½ to 8 grains to the ounce.
3. Constant fomentation and ablution with decoction of poppies, containing a drachm of alum dissolved in each pint.
4. When there is much chemosis, after a purgative, calomel, until the chemosis is subdued, or the mouth begins to be affected.
5. Quinine, when there is debility.
6. Moderately nutritious diet.
7. During convalescence, a tonic diet and regimen, with local astringents and counterirritants.

A tabular view is given of the various cases, from which it appears that of thirty-six eyes subjected to the above treatment, four were lost, one remained under treatment, and thirty-one were saved, retaining perfect vision.—(Guy's Hospital Reports.)—*Med. Chir. Review.*

On the Action of Digitalis upon the Uterus. By W. H. Dickerson.—The writer commences his paper by stating that during the month of October 1854, a patient in St. George's Hospital, laboring under most severe menorrhagia, was cured by the infusion of digitalis, exhibited for the relief of cardiac affection, from which she also suffered. In consequence of this he had been induced to try the remedy, by the permission of Dr. Lee, in a series of cases of uterine hemorrhage which had occurred in the hospital. These cases, of which a table is given, were seventeen in number, and the general results of their treatment were as follows: In every case of uterine hemorrhage, unconnected with organic disease, requiring the employment of active remedies, admitted into the hospital after October 1854, the administration of digitalis was had recourse to as the sole treatment, and the discharge was invariably arrested by it. The time which elapsed before the hemorrhage subsided, varied with the dose in which the digitalis was exhibited. When large doses were given, as an ounce to an ounce and a half of the infusion, the discharge never appeared after the second day; when smaller doses, it never continued beyond the fourth day. In uterine hemorrhage connected with organic disease, the remedy acted with less certainty; its exhibition was required for a longer time, and the effect was sometimes transient. The author then spoke of the mode in which the digitalis operated in controlling uterine hemorrhage; and after concluding that its effect could not depend on the sedative influence of the drug in the heart and arteries, he showed, by various experiments and observations, that the arrest of the hemorrhage was due to the action of the digitalis on the ganglia of the uterus, by which the organ was stimulated, and the muscular substance powerfully contracted.—*Dublin Hospital Gazette.*

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ORIGINAL COMMUNICATIONS.

ARTICLE 1.

Vis Medicatrix Naturæ.

BY W. A. PECK, M. D., BERWICK, PA.

"Nature is motion's mother,
The spring whence order flows,
That all directs,
And knits the cause with th' effects."
(Jonson's Masques.)

That mysterious conclave of phenomena, involving the physical and chemical regulators of nature, and the peculiar manifestations of organized bodies which has been arbitrarily denominated life, at once presents us with themes of axiomatic simplicity, and the most fruitful source of conjecture, speculation and hypothesis. For, while we observe the uninterrupted action of laws common to the universe of matter, there also presents, in their last complexity, dynamical manifestations from material agencies, and physical action from immaterial influences, resulting in the highest attributes of being, locomotion, sensation, conception and volition.

The instrument through which the three great codes of laws which govern the universe, are thus correlated or interchanged, is one of profound intricacy, and as an aggregate, far surpassing our most vivid conceptions of mechanism, disjointly.

"Each in its proper station moves," and in combined action harmonious, tending to ends conservative. The breath of life has only

to enter its earthly habitation, and all is activity; external influences occasion internal impressions, conceptions which develope "the galvanic flame of thought, which leaps from place to place combining the intangible and fleeting into permanent and fruitful forms,"—while internal agencies afford us all the visible manifestations of life.

But the commencement of such an era among physical substances is the most simple of its phenomena. That they should emit inexplicable results, while under the *dictum* of the creative energy, equally incomprehensible, we would expect; but the automatic continuence of the same, apparently unprotected and unsustained by forces *ab externo*, is the sublimest wonder of all. That its continued and perfect adaptation of *means* to *ends* not only obtains when unembarrassed with conflicting influences, but also under the most malign circumstances to which we are exposed, the same tendency to the normal, and perfect condition of the organism should occasionally present, could hardly fail to suggest the hypothesis, that there is in such bodies an inherent principle, having for its object the preservation of the individual. Indeed, so imperative are the demands of the human mind for an explanation of phenomena observed, that a reason must be assigned, although it be no more than a mere expression of the ultimate facts. Hence the ease and consolation, that medical men of all ages have derived from a belief in a conservative principle; a substitute for the knowledge they did not possess, and a convenient catch-all for such circumstances as could not be otherwise accounted for. Indeed, it was a rational conclusion, when they knew not of the dependencies of life, or of its conditional workings, and the relations of its phenomena, to suppose that the organism is endowed with principles especially provided for its preservation, since preservation is the ultimate fact.

From the Hippocratic era down to the present age of medical philosophy, a belief in this principle has descended. Hippocrates was its author. Exercising his truly classic mind to the uttermost, in bringing to bear all the resources of his art for the cure of disease, he was still *anxious* to have it distinctly understood, that the inherent force of the system, as what he denominated "*physis*" as nature, was the remedial agent concerned in the removal of the malady. The belief in a vital principle as the regulator of normal and innormal action, was also entertained by Aristotle and Paracelsus. To the fancy scheme of Van Helmont, this hypothesis was a very desirable adjuvant. Indeed, the monarch "Archæus" would have been a poor specimen of "prince over all," had he not required in the most rigid

and exacting terms, that his charge should be cared for and protected by his numerous subordinate "Archæi." By Stahl, however, the term "*anima*" was used to name the source of all vital phenomena; and according to him, disease consists in a struggle between morbific agencies and this principle—an idea not very diverse from one entertained by a class of physicians at the present day. Modern writers designate this principle by the terms "*vis vitæ*," "*vis insita*," &c., and when they wish to specify the conservative agency as a property, or speciality of the vital principle, it is the "*vis conservatrix*," or the "*vis medicatrix naturæ*."

I believe that physiologists who have speculated upon this principle, have agreed that it is an inherent property of the system or a specific action of the vital principle which animates the structure. For the "Physis," the "Archæus," the "Anima," the "Vis Vitæ," or "Vis Insita" was supposed by the happy discoverer to control all the acts of life,—and surely the conservation of the system ranks pre-eminent among these. Indeed, Professor S. Jackson, as quoted by Francis Gurney Smith, in his edition of Carpenter's Physiology, says: "The organic germ or formative force presides over the initial phenomena of life, and preserves the integrity of organs and their functions in after years. It opposes a resistance to all disturbing agents, and shows itself to be the '*vis medicatrix naturæ*.'" This quotation gives, I believe, a faithful and concise explanation of the modern notions concerning the conservative principle. And hence in the abstract we may define it to be, as used at the present time—*the salutary operation of the vis vitæ in a curative and conservative capacity.* This salutary action "opposes the operation of noxious agents," "labors to expel them when they are introduced," and restores the integrity of organs which have become changed from their minute and typical structure by forces *ab externo.*

Perhaps there never was an hypothesis incorporated into the literature of the profession, having a more controlling and universal bearing upon the principles and practice of our art, than the one under consideration.

In practice, its practical acknowledgment has a direct bearing upon the amount of therapeutical aid tendered. Thus, those having exalted notions of its efficacy in the restoration of the normal state, will deal sparingly with their nauseous potations; on the contrary, those who dare not trust the bungling and untimely efforts of nature, while in the abnormal state, to again establish the equilibrium of phenomena, or health, improve the earliest opportunity to hurl down the neck of

the unfortunate victim, the contents of their "pill-bags" in such profusion as well nigh to saturate the system with all such agents, as are recognized in the pharmacopœa:

"So when small humours gather to a gout,
The doctor fancies he has driv'n them out."

Such differences in the practice of physicians do obtain, and is mainly to be accounted for by the ideas of the conservative principle which they entertain.

But its modifying influence is not restricted to the quantity of means employed merely, for it is of higher and more controlling importance, by way of furnishing a basis or the fundamental principles of cure of many physicians. These men see wise provisions in the economy to thwart diseased action, and repair the organic lesions to which it is constantly exposed. They observe that the restoration of lost parts, the rejection of noxious materials, the expulsion of *materies morbi* by critical discharges, the bursting of abscesses upon a free surface, the patching up of an ulcerated viscus, &c., &c., occur with so much promptness and regularity, and with such a perfect adaptation of means employed to the ends attained, as to induce them straitway to imagine, that nature has in all cases a method of curing disease which they are to imitate; and thus become unfortunate parallels of him who

"Saw with his own eyes the moon was round,
Was also certain that the earth was square;
Because he had journey'd fifty miles and found
No signs that it was circular anywhere."

It matters not to them what are the exciting causes or the nature of the phenomena; but they are particularly clamorous in their investigation of *nature's* action; and that the title *ministri naturæ* may be awarded, their skill will either "mend or end us" *secundum naturæ*.

Our infinitesimal friends start out with the assumption, that "during health the system is animated by a spiritual, self-moved vital power which preserves it in harmonious order," as a basis for their germanic reverie of sublime nonsense. Now adding to this, the double absurdity, that the totality of the symptoms is essentially the disease, and that these phenomena are the efforts of nature in resisting the morbific influence, we arrive logically and captivatingly to a preposterous conclusion—"*similii similibus curantur*."

Of course, I need not urge the propriety, yes, the necessity of having correct notions of the means by which conservative results obtain, of investigating the evidences of such a principle, and its dependencies, that we may know not only that our therapeutical agents are efficient

in the alleviation of disease, but that we do no harm or violence to the regulations which may have been instituted to accomplish the same end. For in a profession of such controlling importance it is obvious, that an hypothesis exercising such a potent sway over the applications of its science, and of a diametrically opposite character, it should be the first duty of the physician to investigate its accuracy, that he may know the extent of his art.

That under the most embarrassing circumstances to which the human system is liable, disease and its consequences are often removed; that by the most philosophical principles exciting causes are rendered powerless; that the most frightful lesions to which man, in his dealings with the external world, is subject, are often repaired in the most prompt and durable manner—will not be denied by the most skeptical. And we have no objections to the use of these terms to express the fact that such phenomena do occur, as are worthy of our imitation in analogous cases; but that there is an especially provided and established principle by which such phenomena are produced, regulated and controlled, other than physiological laws relative to "cause and effect," according to which the phenomena of life result from the general and special vital stimuli; that there is any directive energy tending to the restoration of health, in exchange for the abnormal state, independently of the conditions which external influences afford or supply, we would most respectfully decline giving our assent.

It is well enough to say that such phenomena do occur, that such is the fact; but when we in our poverty metamorphose hypothesis into a truthful explanation of the *modus operandi* by which these results are attained, and thereupon frame a professional axiom, creed, or aphorism which is to serve as an invariable indication in the treatment of disease, it requires stronger evidence than mere inference; a more tried conclusion, than one which was jumped off, should be supported by all collateral facts, and be physiologically pure.

For a physician to argue the existence of a conservative principle, is surely to frankly confess his mission uncalled for. For if it is an established physiological law that the vital principle in all cases labors for the best interest of the individual, then certainly the potent arm of the physician is no more called for to attain this end, than it is to observe and correct the operation of any other law of the economy or universe.

But disease does exist and terminates in death not unfrequently; and what does this fact prove? Why certainly if it shows anything, it proves conclusively that, if this principle has any existence, it is

entirely inadequate for the end in view—an anomaly surely for nature to institute a function for an express object, without the means for its accomplishment.

In no function of the human body, the existence of which we can demonstrate, does this careless manner of doing business obtain; its duty, whatever it may be, is performed whenever the conditions of its performance are present. In the conservative function it is obvious, that the conditions of its action are the presentation of embarrassing influences. Unfortunately, however, these are the very states of the system in which the automatic forces least prove their efficiency. These supposed efforts at preservation of the system are at times well directed; but more frequently the utmost indifference is manifested as to consequences, although the same means are employed in all cases. For, if this self-helping nature helps out of the arm a fragment of glass, is not the same aid tendered in removing a few tubercles from the lungs, and thereby consuming their whole substance? If by this means a wound is healed by first intention, surely the same agencies are concerned in gluing the heart to the pericardium, the lungs to the pleura, the intestines to the peritoneum, &c., &c. If issues and setons are of service by virtue of the suppuration they induce, and nature institutes a like process in the resolution of inflammation—does she not also cause the veins to suppurate? The reaction of the constitutional forces, or rather the renewal of physiological action, which saves the man from death from concussion of the brain, is the same means which lights up an inflammation of the brain whose

— — — "skill
Is to make sound men sick, and sick men kill."

This certainly is a relic of nature's "foggism," or of ours in believing it! For what matters it, that Hippocrates was its originator, if it be but simply absurd? We who have hardly began to appreciate the beauties and excellencies of nature in her own regulation, are much more rational practitioners and much better calculated to preserve a reputation as conservators, in so far as all are thoughtful enough to let the disease kill the patient, instead of doing it ourselves. I do not wonder then, that in our nation there are thousands to take care of suffering humanity in view of the miserable efforts of the organism! I do not wonder that, though the number—already vast—are daily increasing, in view of the miserably deformed factitious substitutes which they have the reputation of being as conservators!

Certainly, no right-minded man can be so credulous, as to suppose that an institution of nature would carry on the healing art in such a bungling and disastrous manner, and would thus blindly imitate her.

No one could, with a show of plausibility or good sense, divide an artery, because nature's ulceration will shortly do it for him; or cut off a protruded viscus, because nature would by mortification, if she were left to complete the cure! The examples already cited of conservative and destructive organic action, are parallel; and if this principle be invoked to explain one class of cases, the other should be elucidated in a similar manner.

Of course, disease in all cases must have been induced by exciting causes, producing impressions, either primarily or secondarily, upon the skin or mucous membranes. Then, to carry out that same wisdom of design which we witness in all of nature's drafting, we would expect to have that particular department of conservation which has for its object the opposition of deleterious agents, located in those tissues. Such, of course, must be the case; and further, it is evident that the same forces are concerned in the transudation of carbonic acid, water and oxygen, the elimination of perspirable matter, or absorption of aliment, that are in all classes of *materies morbi* infectious, contagious and zymotic poisons, that communicates external impressions to produce central phenomena, or that opposes a resistence to some disturbing agents.

But what are these forces? physical developments? If so, I have only to say that so far from the economy being controlled by the *vis vitæ*, its very existence and almost every dependence rest upon the operation of physical laws. But if chemical affinity be the efficient cause, corresponding deductions follow; and whenever the conditions of chemical action are supplied, results must ensue, although not manifestly of a normal character. Suppose, however, they are vital forces solely—which they must be if there is a conservative principle —then we have the very force which this hypothesis declares to be protective, conveying into the system from without the seeds of death, with which to protect the delicate machine within. A strange kind of conservation this!! Yet it is the very kind which we have daily opportunities of witnessing, for the forces that be often make as free use of noxious agents, as of those of a less questionable character.

The assertion that the automatic forces oppose a resistance to all disturbing agents, plainly implies that these agents possess inherent force, or that they sustain such a relation to the *vis vitæ*, as to come within its affinities which would destroy the conditions of a conservative agency. But the former proposition is contrary to all we know of the intimate nature of matter; for it is impossible to oppose bodies having no powers of opposition.

Now, as the *vis medicatrix naturæ* is supposed to be a safe-guard against prospective evil, and an active worker in present derangements, it surely has nothing to do during the normal working of the organism, and therefore is wholly gratuitous and unnecessary, running empty during health. But as it would be disingenuous to suppose that during health there was a vast expenditure of vital force, accomplishing no object—an additional and non-essential function appended in constant exercise,—we must come to the conclusion that it lies slumbering at the portals of the precious machine, only to be awakened by the approximation of some embarrassing circumstance. Indeed, it would be illogical and absurd to suppose that force can exist without resistance; for from its nature it must ever be inseparably connected with the obstacles it has to encounter. But to be latent, is equivalent to a non-existence; hence we conclude that no such force can exist during health.

Granting the body, however, the faculty of opposing the action of deleterious agents, a concession we have already shown to be untenable, then, the necessary deduction is that force must be developed *de novo;* for an obstacle can only be overcome by bringing into requisition *force* commensurate with the degree of resistance. Again, this commensurate relation implies the necessity for an original generation of force to meet the variety of intensities of constitutional embarrassment. But "all force (from its very nature)," says Dr. Carpenter, "must be active in some form or another; that force can neither originate *de novo*, or cease to be under some form;"—hence here again we are involved in a gross incongruity, which can only be managed by discarding the hypothesis. For, if it be an essential element of this principle, force developed *de novo*—an impossibility—is it too much to say, that the principle itself has no existence?

But assuming this hypothesis to be correct, for a short time, and extending our deductions, we will arrive at those not earnestly contended for by any of its ardent advocates. If, then, organized bodies possess in their constitution the faculty of originating the phenomena which they present, then they are self-existent and independent combinations of matter. Because, if the phenomena, the vitality, the life of the body, have no dependences *ab extra*, then the body through which they are manifested, have none, and is therefore self-existent and independent, and consequently must enjoy that degree of independence as to be in no wise subject to the ordinary laws or causes which govern the physical and chemical departments of nature. But to be exempt from the influence of laws, is to enjoy an immunity

from the agents with which those laws have to do, and therefore independent of the conditions which they afford in order to vital manifestations.

A false hypothesis will, when extended and tested by all collateral facts, involve a whole science in incongruities and nonsense, contradict axioms and ultimate facts, and prove itself to be simply absurd. And perhaps there never was one incorporated into the literature of the profession having greater affinities with universal error, than the one under consideration. To talk of independent existencies, is to talk of a truly exalted race of beings; but to carry it still farther and say that they enjoy an entire immunity from the agents and regulations of the physical universe, is exalting feeble man to a position which he will not attain so long as he has need of a conservative principle. Indeed, a conservative force would be a wholly gratuitous appendage, if man were to be elated to that degree of independence; for, then, from what agents would he need protection, or from what forces would his prospective well-being require an exemption? This hypothesis, then, would theoretically preclude the possibility of diseased action, and, indeed, would show man guilty and foolish in the extreme *to die even* under any circumstances. But I presume I shall not be under the necessity of showing that the human family are not only subject to *disease*, but *die* sometimes in consequence.

We think from the aforegoing reasons, that we can without hesitation reject the hypothesis. To go on and expose all of the fallacies into which we would run by adopting this principle, would be to survey the whole field of medicine, and assert truths with which the most illiterate are presumed to be familiar. We have already arrived at conclusions which are absolutely incompatible with the idea of a conservative agency; but it will be expected of us also, to explain the caprices which the powers of life evince in their dealings with disease.

(*To be continued.*)

Disease Peculiar to Those who work in Caoutchouc.—M. Delpech directs attention to a special disease, not heretofore described, peculiar to the workmen employed in the manufacture of articles of caoutchouc. The inhalation of the vapours of sulphuret of carbon determines in them various disturbances of digestion; a profound modification of the intellect; dullness, loss of memory, &c.; serious derangement of the functions of the nervous system; cephalalgia, vertigo, disturbance of the senses, more or less complete paralysis of motion, and, particularly in some, absolute genital impotence.

ARTICLE II.

Death from Laceration of the Uterus, with some Comments on the State of the Os Uteri, in Puerperal Eclampsia.

[CASE REPORTED BY A CORRESPONDENT.]

EDITORS OF THE PENINSULAR JOURNAL:—The following notes are submitted to your consideration, in the hope that your comments upon them will relieve the case of the embarrassments, by which, in any view of it I could take, it has been surrounded. The difficulty of making a satisfactory diagnosis, and of assigning a cause for the rational symptoms which presented themselves, and the impossibility of verifying any opinion that might have been hypothetically adopted, invested the case in my mind with an extraordinary interest and prompted me to address to you the inquiry, whether the woman died from an undetected hemorrhage, from laceration of the uterus, or from lesion in some other organ?

Yours truly, &c., V. N.

Mrs. —— had arrived at the time of her accouchment in ordinary health, having been so well during most of her period of gestation, that she had only found it necessary to consult a physician at the completion of the seventh month, when she was suffering some inconvenience from a costipated state of the bowels and a tenderness of the uterus which rendered the movements of the fœtus, very painful to her.

On the morning of the —— of May, Mrs. —— supposed herself to be in labor, when I was requested to see her, as her symptoms were very alarming to her friends. I found her in a state of asphyxia, with a sense of distress in the region of the uterus, and having no distinctive indication of labor, except a slight uterine hemorrhage. Her skin was cool to the touch, bedewed with moisture, but not pallid as in cases of undoubted hemorrhage, nor livid as in the collapse of cholera. Her pulse was still perceptible, though feeble. Examination per vaginam showed that the os uteri was not only not dilated, but exceedingly rigid, not yielding to any effort I could make to change its condition. The movements of the fœtus had ceased.

From the patient and her friends I obtained the following information: that she was the mother of five living children, that her former labors had not been difficult, or in any respect unnatural, and that on this occasion her pains had been of a distressing character, previous

to the commencement of the hemorrhage, and had then subsided rather suddenly, leaving her in an exhausted and anxious state.

The coldness of the surface continued without an appreciable increase of the pallor, neither the temperature nor the external aspect being influenced by the administration of stimuli. So did the hemorrhage continue also, but never, at any moment, so profusely as by its quantity to excite alarm. In this physiological condition the woman expired, three hours after my arrival, the os uteri remaining rigidly contracted to the last moments of her existence, when every other fibre in her system seemed relaxed by the incroachment of somatic death.

What was the immediate occasion of death in this case? Had the structure of the uterus given way, occasioning the exhaustion, or had the placenta been detached; and if either of these suppositions be true, could one or the other condition have been induced by an incipient stage of puerperal convulsion? And lastly, is there any established relation between rigidity of the os uteri and eclampsia?

Editorial Remarks.—We know of no instances of such persistent rigidity of the fibres of the os uteri, as described by our correspondent, at least none have come directly under our personal observation, unless occurring in connection with or constituting a part of the phenomena incident to that form of puerperal convulsions, which is often the first stage of puerperal fever, and takes place before the expulsion of the ovum, and between which and trismus nascentium and traumatic tetanus there are striking analogies.

Our best writers on the subject of obstetrics and the affections growing out of the puerperal state, have not all been equally careful to notice the condition of the os uteri in puerperal convulsions, with a view to determine its agency in their production. On this point M. Velpeau is more explicit than any other, whose remarks we can call to mind without a special reference to authorities, and he alludes to it as among the numerous causes of that formidable and too often fatal affection. Of the intimacy of these relations, of their coincidence at least in many of the cases that precede labor, we have had very decisive proof in some which have come under our own notice. The one which first turned our mind in that direction, we will take this occasion to relate, although it may not be entirely applicable to the case of our correspondent. It will illustrate the ideas we have in our own mind, and may serve as a hint to more intelligent and successful inquiries.

Mrs. —— whose labor had actively commenced, sent a messenger to request my attendance and to bring with me my obstetric forceps, assigning as a reason that she had heard of my relieving Mrs. K., her neighbor, by the use of forceps from a perilous attack of puerperal convulsions, and as she herself had had a convulsion at each of her confinements, she desired my assistance, in the confident expectation that what in one case was really a rescue from peril, might in hers prevent its approach. Her statement was that the convulsion always occurred at a particular point in the advanced stage of labor. Being anxious to learn all there was peculiar to this patient, I was especially watchful of the phases of her labor and of the changes that took place in its progress. Every thing passed along favorably and naturally, except that the os uteri did not begin to dilate, till the head of the fœtus was about to enter the inferior strait of the pelvis. Then the patient began to be excited—urged me to apply the forceps at the earliest moment possible. Whilst in the act of making the examination necessary to ascertain the practicability of doing so, she shrieked with violence. At the same instant, the os uteri dilated, so as to allow of the escape of the fœtal head, and in a moment, the child was expelled in the midst of the convulsion. The convulsion soon passed away, and no unpleasant symptoms followed it.

Although most inclined to the opinion that the patient of our correspondent died from nervous exhaustion consequent upon a shock given through the nerves of organic life to the system, by the yielding of the structure of the uterus, we do not pretend to decide whether that shock was remotely occasioned by the force of a normal labor pain, or the violence of a puerperal spasm, their recurrence in either case being prevented by the violence done to the organ most deeply involved.

In the symptoms, as detailed by our correspondent, from whom we hope to hear again, there is no reason to suspect that the brain had been oppressed by albuminuria, or by the more direct effect of artificially excited uterine efforts, such as we have several times had occasion to be witnesses of in patients under "botanic" medication; neither should we conclude from his statement, that the state of the heart had been the cause of the symptoms described. We are forced to conclude, in the absence of any proof of the existence of concealed hemorrhage, that the death alluded to was the result of a ruptured uterus, and find ourselves compelled, also, to leave the cause of that condition of things to be disposed of conjecturally.

Z. P.

ARTICLE III.

Case of Ovariotomy.

BY EDWARD BATWELL, M. D., DETROIT.

The subject of ovarian tumors, for so many years the opprobrium of surgery, has lately received such attention from surgeons in this country and added so much eclat to the names of those, whose faithful and untiring exertions have unravelled the pathological and distinctive marks of this disease, that we lay before the profession the notes of the following case as presenting not alone features of vast interest, but also of novelty as regards the manner in which nature relieved herself of the unnatural growth, hoping that many of the cases heretofore abandoned to inevitable death, may receive at the hands of the operator at least the chance of recovery, which the perusal of the following case would justify him in seeking and hoping for.

Sarah F., aged twenty-five years. consulted us about two years ago with regard to a tumor in the left hypogastric region, which she first observed about a month previous to our seeing her. She felt no uneasiness or pain in it, except at the period of menstruation, when it became a little painful and increased in size; that though she menstruated regularly, the quantity had considerably diminished and become of a paler color than usual. Her general health was very good, and she experienced no inconvenience, except after a hard day's work, when the tumor became painful and gave her a "dragging pain" in her back. Anxiety as to the nature of the disease caused her to consult us and seek means for its removal. On examination, we found it about the size of a small orange, moveable, presenting no inequality of surface, but a feeling as if it was floating in the cavity of the peritoneum. However, on passing the fingers under the tumor, its pedunculated attachment was easily discovered, evidently originating from the left side of the uterus, leaving no doubt as to its being ovarian, in which opinion we were borne out by Dr. Pitcher who kindly examined the case at our request, at the same time concurring in our proposed treatment, namely, rest from laborious occupation and a tight compress.

The foregoing state continued till the 6th of June, when we found, on being hastily summoned to see her, that since our last interview she had enjoyed rather good health, and had been married some months previous to this time. On examination, we found her with considerable tenderness over the left hypogastric region, the tumor increased in size and approaching the mesial line, the bowels constipated, the

pulse full and soft, the urine scanty and high colored, the tongue slightly coated, with considerable pain over the bowels, but chiefly referred to the surface of the swelling. She stated that since her marriage menstruation had become more natural, both as regards quantity and regularity of period. The tumor had become very little larger till some days previous, when, having exposed herself to cold and being "unwell," the discharge had ceased and the tumor became tender and began sensibly to increase in size. The pain being very great, we prescribed an anodyne with warm fomentations which afforded immediate relief, and next day we found her freed from all her distress; but towards night all her pain returned, and being hastily summoned, we again had resort to the same treatment that had afforded relief on a former occasion, and with the same beneficial result. Next day being attacked at about eight o'clock in the evening, and in our absence from the city, a brother physician was requested to see the case, who ordered a large blister over the bowels and stimulating injections to be thrown into the rectum. This afforded considerable relief, but strangury of a distressing character came on, which superadded to her ordinary sufferings, made her and her friends very anxious as to the final result.

Meanwhile the tumor had rapidly increased in size, and by its distension caused such pain that in consultation with Dr Pitcher it was determined to tap the cyst, and if no further good was gained, the removal of the tension must obviously afford relief. Accordingly on June 12th, we performed the operation and drew off about six quarts of a pale. straw-colored fluid; but as the cyst became empty, about two quarts of a fluid of the color of port wine was discharged. She felt considerably easier and slept for the first time for some nights. But knowing that the relief thus afforded could only possibly continue for a short time, the expediency of an operation having for its object a permanent cure, was the matter of importance which arose in our mind, and in consultation it was resolved that entire removal of the tumor promised most towards producing a safe and permanent issue.

Accordingly on the 28th of June, (the meantime having been spent in allaying the inflammatory action which had evidently attacked the tumor, and in preparing our patient for the operation,) with the kind assistance of Dr. Pitcher, Prof. Gunn and Dr. Davenport, we proceeded to remove the tumor by making an incision about seven inches in length, midway between the anterior superior spinous process of the ilium and the umbilicus, and running parallel with Poupart's

Ligament, and as much in the situation where, on our former examination, we detected its attachment, as the change of position in the parts implicated would permit us to do. Having carefully divided the several structures and finding nothing to direct us, as to when we had opened the peritoneal sac, we discovered we had come on to the tumor and had laid open a small portion of its structure. On further deliberation it was advised to discontinue any further interference, as adhesive inflammation had so agglutinated the several parts. that the difference between the muscular fibre of the abdominal parietes and the tissue of the tumor itself was scarcely distinguishable. The thought, however, presented itself to our mind, that the process of suppuration might rid our patient of the trouble, which a painful operation had failed to accomplish Acting on the idea, we further extended our incision to about an inch into the substance of the body of the tumor, and merely putting two sutures to prevent the wound from gaping, we left our patient. On visiting her again in the evening, we found her very comfortable, but rather nauseated, evidently the effect of the chloroform which, though it acted favorably in the first part of the operation, produced little effect towards its completion.

For some days no material change took place in the patient, but the wound showed a great tendency to heal, and as this would necessarily prevent the object we sought to gain, our utmost efforts were directed to have suppuration established, which after a week we succeeded in doing by keeping the edges of the wound carefully separated.

Three days after suppuration had been fairly established, we were hastily summoned to visit her as "she was bleeding to death." On arriving at her residence, we found her perfectly soaked through with what at first sight appeared to be blood; but on closer examination it proved to be fluid identical in character to that which flowed in the latter part of the operation of tapping, simulating in a remarkable manner the menstrual discharge. The quantity was very great and evidently came from the cyst which we had previously tapped. On assuring her friends and the patient of there being no danger, but that it was rather favorable to the end we had in view, we advised the encouragement of the discharge which continued for several days, and finally gave way to a more puriform one. This we encouraged by warm fomentations, giving our patient the most nourishing diet, tonics and stimulants, when the quantity of the discharge became so great that folded sheets had to be placed under her to receive it.

July 26th. This day we discovered some substance blocking up

the orifice, and on making traction, we found a fibrous texture, evidently a part of the cyst, hanging out of the wound, not as yet detached, but becoming so, rapidly, and on the 28th, (just a month since the day of operation,) it was thrown off entirely. Suppuration continued and increased, our patient bearing this immense drain on her constitution without any prejudicial result, and preserving the same buoyancy of spirit and happy temperament which characterised her disposition during the period of her long confinement to a bed of suffering. At the end of a week, some diminution in the quantity of the discharge became apparent, and the wound evinced a disposition to heal. She now sat up for several hours each day and rapidly convalesced, the tumor being reduced to the size of an orange. At the end of two months, we had the satisfaction to see our patient enabled to follow her household duties and walk long distances without experiencing any difficulty or inconvenience, the wound yet continuing to discharge for a short time, though now it has entirely healed, leaving no sign of the tumor. Menstruation has again become fully established, and our patient herself declares, she never felt or enjoyed better health.

The above case is interesting in many points and affords another proof of the legitimacy of ovariotomy, and though we may find obstacles in the removal of the tumor, yet that on this ground alone we should not abandon all hope as to a successful issue. But as we do not desire to advocate any especial treatment, but merely to lay before the profession the result of a single case, we will briefly add a few statistical facts as to the operation itself, showing its safety in proportion to the number of cases, when compared to many other capital operations, which are of daily occurrence and show a larger statistical proportion of deaths than the operation of ovariotomy.

Dr. W. L. Atlee, of Philadelphia, than whom no better authority exists on the subject, in the *American Journal of Medical Science* for April 1850 has given an analysis of 179 cases. Of these 34 were not completed in consequence of adhesions and extensive complications, in 6 no tumor was found, in 17 other important diseases coexisted, in 62 cases there were adhesions. However notwithstanding these difficulties, out of the 179 cases operated on, 120 recovered and 59 died, or one in three. By comparing this analysis with that published by the same distinguished author in the year 1845, we find the rate of mortality has much decreased. At that time there was one death in every 2 25-38 cases of gastrotomy, or 37 and the fraction 62 deaths in every hundred. Professor Simpson in his obstetric work

states, that Dr. Churchill, Mr. Philips, Dr. Atlee and Dr. Cormack had each calculated the mortality arising from ovariotomy, and had all arrived at the same conclusion. Dr. R. Lee, in an analysis of 108 cases, states that in 71 of them, whence tumors were removed, 24 were fatal; and in 37, where the operation was not completed, 14 proved fatal. Mr. Erichsen, of London, has several times performed the operation successfully, though some years ago he was a bitter opponent to the idea that such an operation could be successful.

Now, as to the fatality of other capital operations when placed in comparison with this, we would briefly add a report of 852 amputations, performed in the Parisian hospitals, in which 330 died, making an average of four in every ten cases. Amongst these, six in every ten died in amputation of the thigh, five and a fraction in every ten in amputation of the leg, whilst in amputation of the arm, the fatality was in the proportion of four and a half in every ten.

Professor Simpson, in his work advocating the operation of ovariotomy, remarks: "Ovariotomy, then, is fatal in the proportion of 35 or 40 in every 100 operated upon; but in most capital operations we have simply as high or even a higher mortality than 35 or 40 per cent. Amputation of the thigh has a higher mortality, so has amputation of the arm, and so has tying the subclavian for aneurism. Tying the innominata is fatal in every case. The operation for hernia has a higher mortality. Lithotomy is as fatal in most hands after the middle term of life. Even amputation of the leg below the knee is scarcely more safe, or at all events as many or more died after the operation in the hospitals of Paris and Glasgow, as died of ovariotomy."

Many more statistical reports might be referred to to prove that this operation is one which might be undertaken with as much hope of producing permanent relief and a successful issue, as many which are of daily occurrence. We believe that, if statistics of all the cases on record to the present day were taken, the mortality would be even less than that furnished by the valuable analysis of Dr. Atlee. Whether arising from a more careful diagnosis as to the cases operated on, or from an earlier resort to the operation itself, want of statistical evidence forbids us from expressing an opinion.

The palliative measures for the cure of the disease, although very interesting and affording many proofs of the advancement of medical research, yet are so numerous and also so novel in their application, that time or space would not permit us to enter on so extensive a field of inquiry; but a glance at the work of Professor Simpson who

goes minutely into the subject, will amply repay those who desire to seek statistical knowledge on this point of ovarian treatment.

ARTICLE IV.

Cases of Poisoning by Strychnine, with Remarks thereon.

BY MORSE STEWART, OF DETROIT, MICH.

CASE 1. A gentleman, of about forty-five years of age, had been laboring under much mental anxiety for a considerable period. In this condition he procured some strychnine of one of our city apothecaries under the pretext of poisoning rats. Some days subsequent, having encountered embarrassments of certain kinds which agitated his already overtasked nervous excitability, he executed what appeared to have been a previously planned purpose of self-destruction, in the following manner. Having remained at home during all the day complaining of indisposition, he retired to his room, a small bed chamber, off from that which was occupied by his wife, about 9½ o'clock in the evening. At 12 or thereabouts, his wife was aroused by a voice proceeding from his room, and on going in to ascertain the cause, found him lying on the floor in a state of great nervous agitation, apparently having fallen out of bed in a fit. I was immediately called to attend him, and in the course of fifteen or twenty minutes was at his bedside. His appearance was peculiar, quite different from anything I ever before had witnessed, and as no suspicion of poisoning was expressed by any one of his family, I, a stranger both to his constitutional temperament and any idiosyncrasies which his habits of life, business and disturbing mental causes might have induced, was unable to satisfy my mind at once as to his condition. I therefore sat down by his side and endeavored by a quiet composed manner to allay his mental and nervous agitation by carefully interrogating both him and his wife, to discover the cause. But although he was calmed for a while, nothing was at that time elicited to throw light upon the cause. It was not until after his death, that the fact of his having purchased strychnine shortly previous, was ascertained; and as I had never before seen a case of poisoning by it, my suspicions were not as readily aroused by observing symptoms alone.

These were as follows, as near as I can recollect after an interval of some months: Skin bathed in perspiration, warm (not hot) and uniformly so; pulse frequent (about 130), but soft; eyes a little suf-

fused; pupils about natural, or if any way abnormal, rather contracted; neither eyes nor head painfully affected by light; mental condition agitated, but consciousness perfect throughout; sensation acute; an intolerable sense of heat complained of over the entire body, although on some parts cool to the feel, so that he could bear not the slightest covering; the whole frame rigid and straight, or slightly curved backwards, and although expressing a wish to be raised to a sitting posture, apparently that he might breathe easier, yet an attempt to elevate his head which was low and drawn back, (there being slight opisthotonos,) and the neck rigid, excited spasms, so that he begged us to desist; general muscular agitation, like that of a nervous man when under the influence of fright; tightness about the precordia; breathing hurried, catching and difficult. This state of things continued about fifteen or twenty minutes, during which time I wrote a prescription and sent to an apothecary. But before the messenger had time to return with the medicine, a fit came on, indicated at first by a slight heaving motion of the person, the body rising and falling alternately with the spasms. This motion continued slow at first, but gradually increasing, and with it the patient's distress and anxiety, until the arms and hands were affected with similar spasmodic action and drawn up to the breast; breathing was suppressed, except only an occasional catching and by short quick gasps; the head thrown more and more backward, opisthotonos increasing; face distorted by the spasmodic action of its muscles, and rendered ghastly by its variations of color from red to white, and then quickly to a livid or purple hue; eyes staring, and as the fit increased, shaking the body in a fearful degree, the large dilatation of the pupils suddenly appeared, indicating the approach of general muscular relaxation and fatal exhaustion of the vital energies, as the consequence of so terrible a struggle. And such indeed was the case; for with a few faint efforts to breathe, all signs of vitality ceased.

While interrogating the patient, I learned from him that, as he went to his bed, he took some whisky and water, which he said was all that he had taken into his mouth. If the drug was taken at that time, there must have been an interval of two and a half hours before its poisonous effects began to operate.

Case 2. Mrs. E. A. P. came to Detroit on or about the 6th or 7th of September 1856, and took rooms at a very respectable private boarding house, representing herself as from Cleveland, O., and had come direct to this city to attend to some matters of business.

On the evening of the 7th she complained of dysentery, for which she informed her landlady, she had been under treatment while at Cleveland. By the latter's suggestion, medical advice was thought necessary, and I was summoned to her bedside about 9½ A. M. In appearance, she was about twenty-five years of age, of medium hight and rather thin, spare person, of nervous or nervo-sanguine temperament. She informed me that she had been under treatment while at Cleveland, first for diarrhœa, and subsequently for dysentery; in all, the period of her ailment was up to that time from seven to ten days. She was taciturn in manner and only answered my interrogations by monosyllables. There was some febrile action about her, but not high. Her chief complaint was, her frequent calls to stool and pain from tenesmus. As she was disposed to keep about, I advised her to take her bed, and there remain till the symptoms of disease gave way, and prescribed Morphia, Mass. Hydrarg. and Pulv. Ipecac in appropriate doses, with light diet.

I saw her again on the mornings of the 7th, 8th and 9th, and found her not only improving, but at the latter date, her dysenteric symptoms had been under control about thirty-six hours. I accordingly proposed a modification of the treatment, and made a prescription appropriate. Up to this time her taciturnity continued whenever I was in her room. Upon the last visit (the morning of the 9th) she talked a little more, asked for a change of drink, and if she might be allowed ice-cream. I answered in the affirmative, gave all needful directions and left her. The hour of this visit was about 10½ A. M. At a little after 2 P. M., a messenger called me to hasten to Mrs. P. as she was "in a fit." Presuming her to be an epilectic, as I could in no other way account for spasms in her case, I promptly answered the call. Upon entering the room, I observed her countenance expressive of intense anxiety and distress, her breathing difficult, there being short spasmodic efforts at inspiration, and the expiration accomplished by a sort of moan, or sound indicative of anxiety or pain, or both. The whole frame was rigid, except the arms and hands, which she would exert with comparative freedom and ease. The muscular system generally was on a stretch. The legs were stiff, and the feet drawn down and fairly bowed; the thumbs slightly drawn in, presenting the appearance of carpo-pedal spasm. The muscles of the chest and throat, and especially the latter, were in active play, as though laboring to overcome some powerful obstacle to the admission of air to the lungs, an exquisite sensitiveness of the nerves of sensation. The pupil was somewhat dilated and the eye staring,

its motion tremulous and both orbs constantly oscillating in their orbits, like the eyes of the albino; there was no suffusion, however, throughout. The mouth was closed, but apparently not as rigidly as in tetanus, for the will could control it to a certain degree; yet, as it seemed, they fearing exciting uncontrollable spasms by any motion of the jaws, its muscles were held tense and rigid. The skin was bedewed with perspiration, and the capillary circulation congested so as to give an unusual floridness to the complexion on the upper part of the forehead, amounting to a slight bluish or purplish color. The sensitive nerves seemed to convey abnormal impressions; for, while the surface was hot to the feel, she at first complained of coldness, subsequently, however, the sensation was of heat, yet she described the feeling as numbness. The pulse was about 150. The heart's action was distinctly felt by the hand applied to the precordia.

Upon inquiry, I ascertained that there had been several distinct spasms, one of the kind I soon after witnessed. It was instantly induced upon my offering her a little whisky and water in a spoon. She opened the mouth to receive it, and immediately the teeth were closed spasmodically and the whole frame, though still rigid, shaken as by a fit of epilepsy. The arms were brought suddenly against the chest, the hands pressing the throat with spasmodic action. Respiration ceased; the eyes grew more staring, and as if projecting from the head, the pupils dilating in the meanwhile. It quickly passed, and the patient painfully conscious of her suffering, would ask, if "nothing could be done to stop those spells." When it was they commenced, could not be accurately known as she had been for a considerable period (one hour or thereabouts) alone, and the servant, on going to her room, found her in a fit.

Upon first seeing the patient in the condition above described, I was at a loss to determine the nature or cause of the phenomena; suspecting, however, strychnine, I put the question, and she promptly admitted it and said, that she had purchased the drug in Cleveland (a shilling's worth). As to the time of taking it, she said, it was when eating the ice-cream, which was at or near 12 o'clock. In regard to her motive, she answered that "various reasons" had led her to taking the poison. But although having acted deliberately at first, she now evidently repented the deed and eagerly seconded by her efforts all the means used for relief.

As I found it impracticable to administer anything by the mouth, (she seemed to have a dread of fluids, and requested before my appearance in the room that no water should be offered her,) resort was

had to the inhalation of chloroform. From this she expressed very manifest relief, so much that the intervals between the spasms were at first considerably lengthened and a short nap obtained. Under it also the breathing became more composed; the spasms, however, returned notwithstanding the temporary reprieve which the chloroform gave. *Immediately subsequent* to one of these, at the suggestion of Dr. Pitcher, whom, with Dr. Christian, I had invited in to see the patient, the experiment was made of offering her drink, when it was found that she could swallow it, though with some difficulty. Accordingly these opportunities were afterwards improved to pour down as much of whisky and water with camphor as possible. But although the interval between paroxysms after using chloroform was at first apparently lengthened, it subsequently grew shorter and shorter. The length of the first was about fifteen minutes, the second nine minutes, the third about five to seven, and so on until there was but little or no intermission of the spasms, and these grew more violent. The fourth or fifth was terrific beyond description, beginning, as the others, with suspension of respiration and clonic spasm of the arms and hands, and a tremulous agitation of the whole body. The color of the face came and went with a rapidity which astonished the beholder, till the florid changed to a purple, and this only in isolated spots with a boundary of distinct white. On the neck, shoulders and chest this rapid transition of color was also observed. Added to these was the distortion of countenance occasioned by spasm of the facial muscles, giving almost every conceivable variety of horrible expression which the human face is capable of assuming. And over and above all, the feature most conspicuous, and which gave intensity to the scene of horror, was the eye. The lids expanded to their utmost capacity; the eye-balls seemed fairly to stand out from their sockets, staring with the expression of a demon, while the doubly rapid dilatation of the pupils to their fullest extent gave an unearthly glare that was awful to look upon, forming together *a tout ensemble* of the terrific expressions, such as might aptly represent our truest ideal of the impersonation of all evil.

This paroxysm lasted so long, that I supposed it would prove the closing scene of the frightful tragedy; but again the vital energies rallied. The short repeated gasping for breath, producing a kind of clucking sound, were heard, the spasms abated, and slowly the purplish color faded in red again. But the wide dilated pupil continued, and although there remained indications of intelligence, yet it was evident the death struggle had been encountered, and but a feeble

vitality still lingered. The pulse was scarcely perceptible, and the spasmodic respiration shorter and quicker than before. After this the paroxysms were lighter and almost continuous, till death closed the scene at about a quarter to 5, P. M., three hours from the first spasm observed, and about five from the time the poison was taken.

The treatment has been sufficiently indicated in the foregoing. It only remains to add, with respect to it, that as much of the stimulus was administered as practicable, but the quantity was small, not exceeding three or four ounces of whisky and tr. camphor combined. About two ounces of camphor was consumed within the space of one hour.

It is worthy of remark that the time which elapsed between the taking of the drug and its first observed effects was uncommonly long. The time usually required, as laid down by witnesses in cases of medico-legal investigations being about twenty to thirty minutes. The slowness of its action in this case may have been influenced by the opium taken previously (some two grains within the previous six or eight hours). There could have been nothing to retard its action in the manner of its being taken, for it was in powder, and must have been swallowed either dissolved in water or mixed with the ice-cream. From the quantity of the drug taken, (for it must have been from five to fifteen grains,) it is astonishing that life held out so long.

As to the symptoms characterising poisoning by strychnine, in distinction from diseases to which it bears a close resemblance, viz: tetanus and hydrophobia, I have a few remarks to make. It has been my fortune to meet with both of these diseases, and quite recently with a case of the former; and as I have just now witnessed the case last described, (the fourth of the kind within a few months, which I have been called to attend, although in one life was extinct before I reached the patient, and in another relief was obtained from emetics before symptoms of poisoning presented,) I feel it incumbent on me to record the relative phenomena for the benefit of the profession, since confessedly the opportunities of observing the symptoms of poisoning by strychnine are rare, and the reports of such cases are truly meagre.

In order to obtain a clear perception of the symptoms *characteristic* of the toxicologic effects of strychnine, I will recapitulate somewhat by arranging in order the corresponding symptoms observed in these two cases, regarding them as presenting together a fair type of the poisonous effects of this drug upon the human system.

In both there was observed the same anxious distressed manner,

the hurried catching breathing and its entire suppression during the fits, rapid pulse, abnormal sense of heat over the whole body, free perspiration, widely dilated pupils as the paroxysms increased, eyes staring, and nerves of sensation acutely sensitive, especially of hearing and feeling. The oscillatory motion of the eye-balls was not remarked in case 1; but as it was night and the room dimly lighted, this appearance of the eye might have escaped observation. As it was so striking a feature in case 2, I am disposed to think it a characteristic symptom. General muscular rigidity, with a tendency to opisthotonos and carpo-pedal spasm, the clonic or epileptiform character of the spasm during the fit occasioning the heaving of the body, the twitching of the arms and the facial muscles, difficulty and almost impossibility of swallowing from the attempt, and even the sight of fluids exciting a fit which closes the jaws spasmodically, (this was not observed in case 1, owing, it is believed, to the fatal fit coming on so early and before anything was offered him to drink,) changing color of the skin and especially of the face, consciousness and intelligence throughout.

To what extent do these symptoms characterise tetanus?

There is not in tetanus the anxious distressed manner, *at least in a degree;* breathing is not catching and hurried, except in the paroxysms, and not in these *entirely suppressed;* pulse is rapid, but not as rapid as in strychnine poisoning; abnormal sensation of heat not complained of; pupils not markedly dilated, nor the eye staring, but the features more pinched, and the face appears as though puckered and shriveled up; sensation not much more acute than natural; spasms altogether tonic, none clonic or epileptiform, and of course the oscillatory movement of the eye-ball is not seen. Dysphagia in a slight degree is a constant symptom, but not aggravated by either the sight or attempt to swallow fluids. The rapid change of color, described as occuring during the fits of poisoning by strychnine, are not seen during any stage of tetanus. Consciousness and intelligence are always preserved.

The symptoms of hydrophobia are much more like those of poisoning by strychnine. We find in it the anxious distressed manner, rapid pulse, free perspiration, senses more acute than natural, clonic spasms, difficulty of swallowing fluids, (the characteristic of this disease, all the phenomena attending which are most like the poisonous effects of strychnine,) intellect unimpaired. Yet in some important symptoms there is a marked and unmistakable difference, sufficient to diagnose clearly the effects of strychnine from both tetanus and

hydrophobia. Thus from strychnine we have both the tonic and clonic spasms combined, the one persistent and the other occuring only during the fits; the breathing is hurried and catching always, except during the fit, when it is suppressed, the paroxysm passing off with a clucking sound, or gasping for air; abnormal sensation; dilated pupils, rapidly expanding during the fit; staring eyes; oscillatory motion of the eye-balls, and changing color of the skin during the fit.

SELECTIONS.

THE MILITARY SURGEON.

TRANSLATED BY JOSEPH G. SHAPARD, M. D.

In her slender fingers a young lady held suspended under our eyes the cross of the Legion of Honor. Each one gazed in silence upon the star which had felt the pulsations of the heart of Napoleon.

This cross was indeed that of the Emperor. Half an age ago he detached it from his own coat and placed it on the breast of a *brave.* Dimmed by time and rumpled by war, the ribbon already bore a historic aspect. Darkened by powder and bruised by the shocks of battle, the metal resembled bronze more than silver. In a word, this cross was a monument—heroic monument for our remembrances, pious relic for our arms; the cross of honor waved in the air, sustained by that delicate white hand trembling with emotion. Grouped around that cross, a thousand thoughts rushed into our minds—soldiers and citizens, old men and young, women and children, with eyes fixed on the sacred relic, thinking of glory; for in our great country, France, glory and the cross of honor are familiar to us from the cradle.

"Yes," said the old man, "this cross was that of the Emperor; he wore it himself at the battle of Eylau, and the evening of that victory he gave it to the man who had attracted his attention in that great battle."

"Some intrepid grenadier, without doubt, who had carried away the colors of the enemy!" exclaimed the soldier.

"No!" said the old man. "This cross was more than the recompense of bravery; it glorified devotedness. The Emperor wished to prove that devotedness is the greatest of military virtues, the only one in armies which may be holy, because it approaches so nearly a religious sacrifice. At the battle of Eylau, General Picard, while commanding the brigade of which the 4th dragoons constituted a part, had his breast opened by a Biscayan. Doctor Becourt, the surgeon

of the regiment, flew to the succor of the General; but at this moment the brigade made a movement of retreat. From every side the cry came to the surgeon to retire, or he would be slain; he remained on the field amidst a shower of balls. Around him the squadrons charge with fury—the balls plough up the earth—four times the ground on which the Doctor is kneeling beside the wounded General, is taken, and as many times given up. With his own hand he applies snow to the wound to arrest the hemorrhage. He is chilled by the cold, and enveloped by smoke, and death scatters around him a thousand fragments of human beings; immovable, the Doctor sustains the head of his patient. The balls of the French and the balls of the enemy whistle around him; he is impassable, and the flakes of snow darken the air and envelop him in a sheet of ice. By a miracle of Heaven the life of this good man was preserved. At night, by the light of torches, the soldiers saw Dr. Becourt carrying all the wounded of the brigade to the hospital, with their General in front almost dying, but still having strength to press the hand of his intrepid savior. Some instants after, the Colonel of the 4th dragoons presented the surgeon of the regiment to the Emperor. Napoleon gazed at him a moment, then quickly detaching his imperial cross, he placed it on the breast of the surgeon. The cross that Napoleon wore at Eylau, is the one that you now see in the hands of the young lady."

"And what became of General Picard?" demanded the soldier.

"Dr. Becourt saved him," answered the old man.

Dr. Becourt died at Belfort in 1850. His funeral oration was pronounced by Dr. Hergott, fellow of the faculty at Strassburg, the same who gave so many proofs of devotedness during the epidemic of cholera in 1854.

If the fortune of garrisons had not led us into the obscure valley where, far from noise, the military surgeon terminated his career in labor, self-denial, devotedness and charity, the occurrence at Eylau would have been almost forgotten. How many other acts of this character, at the same time heroic and touching, are every day effaced from the memory of man! This glory of devotedness, this heroism of duty, these modest existences, these lives of sacrifice, attract not the multitude. The crowd rushes to the pageantry of great men—for its glory is the lot of the conqueror, of the poet, of the orator, and of the artist, enlightened by a thousand rays, saluted by a thousand shouts of enthusiasm. The crowd likes a brilliant success—its great men are those who succeed in fixing fortune and awakening the sonorous echos of fame.

The mission of the writer should be to remove the veil that hides modest merit, to exalt obscure devotedness, and to carry hope and consolation in the most hidden by-places of society.

The military surgeon has not been entirely forgotten; he has his statue personified in Larrey, arresting with his foot the ball symbolic of death. But in this family, which constitutes a part of the great military family, how many others have also braved death! How many have arrested with the foot the ball who will never have a monument! How many have passed away whose names will never awaken a grate-

ful remembrance in this world to which they have given the treasures of their science and the treasures of their charity!

Yes, of their charity; for with them the discharge of duty has not as for us its limits defined, and to calm suffering would be nothing without the sentiment of humanity, without the balm of charity.

In our cities, in the bosom of peace, humanity is an easy virtue; but in war, where the eye and heart are constantly struck with suffering, where the perpetual contact of death daily hardens the heart, it is necessary to have within one's self treasures of goodness in order to remain always a worthy military surgeon.

Among the surgeons of the Empire were the two brothers Paulet, the elder of whom died at Nancy, in great veneration; he was successively chief surgeon of the hospital of the imperial guard, adjunct of Larrey and principal surgeon of the army. The younger, who was chevalier of the Legion of Honor, of the Golden Sheaf of Switzerland and of the Order of Reunion, would never serve after the fall of Napoleon. "Behold my cross of the Reunion," he said, "see the exergue: *All for the Empire—forever.* See on this face the imperial throne, and on the other the N of Napoleon. My oath to the Empire is *forever.*" And he preferred the obscurity of a little village to the most brilliant prospects. What an example, what a lesson!

Dr. Koeler, another son of Alsace, who retired to Spire, was surgeon of a regiment of hussars. He always charged with his squadrons "*en attendant la besogne.*" In this exercise he received a ball in the leg which rendered him lame the remainder of his life.

When you view a regiment under march, something attracts you toward this crowd of men come from all parts of the country, and united under the same colors. The most sonorous cords of your heart vibrate to the accents of military music. The chiefs on horseback fix your attention for a moment; they, for the most part, have grown grey in the service, and many of them in leaving their humble homes, had no other wealth than the staff and knapsack of the traveler. Some of them will attain the highest honors of the country, for the sword is a good companion. The soldiers who follow in platoons, are the natural successors of their chiefs. These epaulets, these crosses, this authority, will be the heritage of those who, with knapsack on back, obey in silence. All this multitude marches with a regular step in the high-way of the military career; many will there find fortune, some the illustration of glory and the eclat of fame.

Among these thousands of men, do you notice one modestly clothed, following on foot the long files of soldiers? Like them, he is on the road of bullets, but he is not like them on the road to fortune, greatness and fame. His duty is accomplished without eclat, his watches will not always be appreciated, and if he is heroic as was Dr. Becourt at Eylau, he will perhaps have the good fortune to meet with the Emperor.

Nevertheless, an hour will come in which this man will be the first of all—that is the hour that follows the battle. During the action he will brave death as much as any one else; he will be an actor on the grand drama of the combat, without the excitement of the charge,

without the rage of the struggle, without the *intoxication* of powder. He will be calm and collected, whilst all others are excited. Emotion even is not permitted him, for his hand must be steady, his glance penetrating, and his judgment prompt and sure. In this atmosphere of balls and smoke, he is as calm as in the cabinet of study. The cries of the wounded and the roaring of the cannon disturb not his equanimity, and he is as firm as at the amphitheatre. All call him—he hears the voice of the poor soldier, as well as that of the powerful general. He waits upon the French and the enemy with the same devotedness. His companions and his friends, mutilated and dying, are placed before him—he drives back to the depths of his heart the emotions of the man in order to remain master of himself; for the eye of the surgeon ought not then to be covered with a tear. Kneeling upon the bloody straw of the hospital, he deliberately gives his orders, and with his moral courage, he restores the broken courage of the wounded soldiers. In his countenance, which all seek to read, there shines a supreme calmness which fills the soul with confidence, and sheds the divine balm of faith over the wounded.

In these solemn hours the surgeon is the depository of great mysteries. The dying confides to him his touching adieus for his distant family—one remits to him his wealth, another his secrets. The general, the officer and the soldier, after the battle, hear only the songs of triumph and the shouts of joy; the surgeon alone hears the long groan of the army.

When night comes, all sleep except him—vigilant sentinel, he watches among the wounded. The next day, worn down with fatigue and watching, he takes up his line of march with the hospital, going from one to another, here sounding a wound in the heal, there seeking a ball in the labyrinth of the human breast, giving hope to all, and thus to speak, sowing life all around him—struggling in desperation against death, inventing *improvising* methods, supplying material means by force of intelligence, transforming planks and ropes into apparatus, and at length tearing his own clothes into shreds to stanch the blood of the wounded. This is the intelligent struggle of preservation against the blind struggle of destruction.

Such is the man that you have seen marching modestly at the left of his regiment. Honor then this man who appears to us between the praying sister of charity and the dying soldier. His mission in armies is a thousand times sacred; wives, mothers and sisters who, in the silence of the fireside, tremble for those who, far from you, discharge the glorious duties of war, calm your fears, science and charity watch over those whom you love. Citizens, who were moved by the recital of the sufferings of our soldiers in the East, be happy and proud; the military surgeon has saved your sons, although *he* died at his post, and the bravery of science has equaled, if it has not surpassed the bravery of the battle.

Among the intrepid surgeons of Varna was Dr. Poutier, aged sixty-six years. He was among the hospitals of war in 1800, a prisoner in the campaign of Russia, eulogized for his devotedness at Wagram, then thirty-six years afterwards again eulogized for his devotedness

in Africa. The old man had solicited the honor of making a part of the army of the East.

It was not ambition that guided the steps of this old servant—he was not attracted towards foreign shores by the allurement of fortune; but he had a sense of duty, the instinct of sacrifice, the religion of devotedness! He set out then with this impetuous army, of which each officer and even each soldier was to him a beloved son. One day, after having saved the lives of many, he fell exhausted and died amidst his patients. Poutier died in the breach as died Larrey. Over his tomb the eloquent voice of Dr. Levy associated the humble name of Poutier with the illustrious name of Larrey.

We have recalled the touching end of Poutier at Varna, and we might also recall the death of many others who fell in the East, in the service of their country, whose names will henceforth be inscribed in the long martyrology of military medicine. Long martyrology, indeed, if we reckon the victims of our African dominions twice conquered; the first time by the bayonet of the soldier, the second time by the intelligence of the military surgeon, whose efforts have transformed into healthy and productive fields those plains formerly so pestilential.

By his example, the military surgeon has inspired the exaltation of sacrifice into the military *infirmiers*, who have recently *invented* the heroism of the hospital. Formerly held in low esteem, they have now become great by the devotedness of their chiefs, and have taken a noble place in the ranks of the army. This place has been conquered by sacrifice.

The Journal of Debates has published a remarkable comparative work between the hospital service of the French army and that of the English. From this work, even according to the opinion of the British officers, it appears that our hospital service has so great a superiority as to excite the admiration, and even the envy of the armies in contact in the East, and that this service will serve as a model for the whole of Europe.

But is it necessary to carry our observations beyond the frontiers of the country? Is it necessary to listen to the glorious news coming to us from the Baltic, from Turkey and from the Crimea, in order to comprehend the grandeur of the sacrifice, the sacredness of medical courage? Has not our own country had its terrible combat? From the Rhine to the Pyrenees, from the Alps to the Ocean, have not our cities, our villages and our houses been besieged by the scourge? Have not the peasants fallen, spade in hand, thunder-struck as in war? Melancholy and lamentable struggle, in which the women and children fell with the husbands and fathers!

Then the physician shone forth in all his glory. As bold as skillful, he threw himself headlong into the melee. Always heroic, and often a martyr, he took the place of commander in this battle without a name. The physician, the sister of charity, the priest and the infirmier have been the family of the abandoned poor. They have given noble examples to the terrified population—they have rendered great services to France—they have honored humanity!

And is not the life of the physician elsewhere wholly devoted to charity? Who then at the peril of his life travels the mountain path, in the midst of tempests, through heaps of snow and midnight darkness, seeking the shepherd's cottage and the wood-cutter's hut? It is the country physician. Who, lately, clothed with the garment of a cholera patient, flew from village to village to recall the distracted population? Again it was the country physician. This was more than the physician—it was the antique legislator, the pontiff, the father!

About the year 1804, a celebrated painter, M. Gross, *composed* a picture which has become the admiration of the world; the subject was the Pest of Jaffa. The scene transpired in Egypt, where the French army was decimated by that other scourge. The most intrepid soldiers were stupefied with terror, and demoralization was destroying the army. In vain the generals affirmed that the disease was not contagious, in vain the commander-in-chief visited the hospitals. With haggard eyes and skeleton frames, the soldiers in their delirium sought, in springing up in their beds, to seize the phantom of their country. This was a horrible sight from which the most courageous recoiled. Desgenettes, the chief physician of the army, under the balls of the enemy, inoculated himself with the plague to prove to the army that it was not contagious. This was not, as will be easily comprehended, a scientific opinion that Desgenettes expressed thus; it was not an act of rashness, as some of his biographers and historians have styled it—it was an act without a name in human language. It would be necessary to go back to the sources of Christianity to comprehend the meaning of this immolation.

A prisoner during the retreat from Russia, Desgenettes was treated with the highest consideration by the Emperor Alexander, who was pleased to introduce him to Sir Robert Wilson, the commissary of the allies. Sir Robert had travelled over Egypt a year after the departure of the French. "Doctor Desgenettes," said he, "your name ought to be engraved in letters of gold on the Pyramids of Egypt."

The next day the Emperor Alexander restored him his liberty by an ukase thus conceived: "The cares that Doctor Desgenettes has lavished upon the soldiers that the fortune of arms has made prisoners of France, entitles him to the acknowledgments of all nations."

"If the army raises a monument, let it be in honor of Larrey," said Napoleon. In a serious circumstance, in which by the freedom of his character and courage of his heart, Larrey had saved Napoleon the pain of committing an unjust act, the Emperor said to him in the presence of his officers: "Happy is the Sovereign who has such servants as thou art."

After the eloquent voices of Drs. Levy, Baudens, Begin, Breschet —after the elegant language of General Petit, what eulogies will we be able to give Larrey? At the battle of Heliopolis, he tore his own linen to pieces to dress the wounds of the soldiers. At the siege of Alexandria, he killed his own horses to make soup for the sick; at the isle of Lobau, during the retreat from Russia, he renewed this sacrifice. At Saint Jean d'Acre, under a shower of fire, he saved

the life of General Arrighi, and later still he saved the lives of Duroc, Lannes and Eugene Beauharnais. It was at the battle of Eylau, that he was rewarded with the cross of commander of the Legion of Honor; and the Emperor made him a baron in the field of Wagram, in the midst of his hospitals. At Sommo Sierra, he was attacked with typhus in the hospitals that he was unwilling to abandon. At Moscow, almost dying, he still saved the lives of the dying.

Larrey has inscribed the name of the military surgeon upon the triumphal arch of the great army, among the illustrious names of captains who have made France so grand and so glorious. Napoleon said, "that Larrey was the most worthy man that he had ever known."

When, in 1787. Russia demanded of France a surgeon-in-chief for the army of Potemkin, the celebrated Louis proposed, on the part of the King, this important post to Percy, his worthy successor. But Percy was willing to serve only France—and he served her over every field of battle, and became, perhaps, the wisest of all, if not the most popular in civil society.—*Nashville Medical & Surgical Journal.*

HONOR TO WHOM HONOR IS DUE.

As an act of justice to our distinguished countryman, Dr. Dowler, of New Orleans, we insert the following article from the March number of the Medical Journal of that city, of which Dr. Dowler is the editor. It will be seen that M. Brown-Sequard, of Paris, is attracting great attention in the scientific world by the publication of experiments which were long ago made by Dr. Dowler. However Europeans may be disposed to ignore the discoveries of American physicians in science, we, in this country at least, should be disposed to see that justice is done to our countrymen.—*St. Louis Medical and Surgical Journal.*

PROGRESS OF DISCOVERY IN THE NERVOUS SYSTEM AND IN MEDICAL ETHICS.

"*Foreign.—Functions of the Spinal Cord.*—Experiments made by Dr. Brown-Sequard during the past summer, and presented to the Bibliographical Society of Paris,—a report upon which has been made by a commission appointed for the purpose,—threaten to overthrow the present received notions of the functions of the spinal cord, as they are taught in our books. One experiment made in July last, according to M. Broca, the reporter of the commission, establishes beyond doubt the following points: 1. That the laying bare of the dura mater, and of the spinal cord itself, leaves the sensibility and motion of the posterior column unaffected. 2. That the sensibility persists even after the section of the posterior columns, called the sensitive columns, of the spinal marrow, and that, consequently, these columns are not indispensable to the transmission of sensitive impressions. 3. That, far from abolishing the sensibility, the section of these pretended sensitive columns is accompanied by hyperæsthesia

of the lower extremities. 4. That after such a section, the caudal extremity of the spinal cord is more sensitive than the cephalic, which reverses all of our present knowledge of the direction of nervous currents. 5. Finally, the gray portion of the cord is itself insensible." —*L'Ab. Méd.*, Sept. 5, 1855.—*New York Med. Times*, Feb., 1856.

The Boston Med. and Surg. Jour. for February, 1856. hails with pleasure M. Brown-Séquard's researches, thus: M. Brown-Séquard's discoveries of the functions of the spinal marrow.—Seldom has the scientific world been taken more by surprise than when M. Brown-Séquard announced his recent discoveries relative to the functions of the spinal marrow. Whatever may be wanting to complete our knowledge of the action of this portion of the nervous system, the brilliant investigations of Sir C. Bell seemed to have set at rest forever the question as to the particular fibres which communicate motion to the muscles, and sensation to the brain * * * M. Brown-Séquard ascertained that the nervous disturbance following the opening of the spinal canal was caused by the loss of blood and by the pain and shock consequent upon the operation. By operating in such a manner as to prevent a great flow of blood, and by allowing the animal time to recover from the depressing effects of the operation, he found that both sensation and motion returned to the posterior extremities in almost, if not quite, their original degree.

"Thus enabled to experiment upon the cord in a normal state (as far as its functions were concerned,) he proceeded to isolate various portions of the different columns by sections made with extreme care, and demonstrated a series of laws relative to the spinal functions, the principal of which are the following:

"1. The posterior columns may be divided without destruction either of sensation or motion.

"2. Sensation and motion are destroyed when the gray substance is cut across.

"3. Integrity of the antero-lateral columns does not interfere with the loss of motion, nor does integrity of the posterior columns prevent loss of sensation.

"4. Division of the posterior fibres of the cord, so far from abolishing sensation in the parts to which these fibres are distributed, appears, on the contrary, greatly to increase it.

"5. When the posterior columns are divided, sensation continues to be transmitted between the lower portion and the gray substance, which transmits the impression to the sensorium by means of fibres descending from the upper portion, and joining obliquely the gray substance below the point where the section is made.

"Our limits forbid us to detail the experiments upon which the above conclusions are founded. They have been repeated over and over again with the same results, in the presence of a committee appointed by the *Société de Biologie*, consisting of M.M. Claude Bernard, Bouley, Broca, Giraldes, Coubaux and Vulpian, to whom was referred M. Brown-Séquard's memoir, and who were entirely satisfied with his conclusions. The interesting report which they made to the Society is the most convincing evidence of M. Brown-

Séquard's skill as an experimenter and his eminence as a physiologist."

At present, neither time, nor the limits of this journal will permit the editor to translate and copy from the French journals the reported researches above alluded to, yet a few general remarks in relation to the same may not, it is hoped, prove unacceptable to the right-thinking reader, seeing that at last "the world *is* taken by surprise."

Sir G. Bell repudiated experimental vivisections and electrical excitations, declaring he had performed but few experiments, and did not rely on them to prove his (pretended) discovery in the nervous system. The foundation of his theory rests upon the assumption, that it is impossible for one set of nerves to perform two functions, that is to say, sensation and voluntary motion, as if the same nerve might not, for all that is known to the contrary, perform two, three, or many functions as readily as one. Yet it is neither philosophically nor physiologically correct to assume for any single isolated tissue of the human body an independent and exclusive power of acting apart from its associated tissues and fluids, unless, indeed, it be the muscular tissue, which, contrary to the doctrine of Bell, possesses the inherent power of contractility exclusive of the nerves, &c. This theory assumes as a fundamental maxim, that sensation and motion are due to the nerves, to separate and distinct nerves; that is to say, the sensiferous and the motiferous. Hence, the functions being assumed, the anatomy is also assumed, which serves to pave the way for other assumptions still more extraordinary. Thus the sensational nerves have no sensation, being mere conductors. Nothing more! It is further assumed that there is a spot, never seen, either by the eye, or the microscope, somewhere in the brain, which is called the *sensorium—a terra incognita*, not *a terra innominata*, and being wholly unknown, theorists may predicate a thousand things of it which cannot be disproved, such as that, this sensorium which is neither known by intuition, nor by anatomy, receives by one set of nerves certain impressions, and transmits by another set, volitions, &c. Thus the word sensorium is an admirable thing where all knowledge fails.

This system of physiology is not only unsupported by anatomy, (yet, it was anatomy alone Bell relied on,) but it is directly contradicted in conduct, if not in books, by the intuition of every sane man. A whitlow in the hand, a corn on the toe, or a boil on the surface, does not produce a pain in the unknown spot in the brain, but in the known spot on the surface. Who would not swear to this in open court?

To cap the climax of all these assumptions, the brain or sensorium is said to be wholly insensible, which, indeed, is not very far from the truth: for, in vivisecting an animal, it shows comparatively little sign of pain until the knife approaches the origin of the nerves arising from the brain. This insensibility of the brain or sensorium, exceeding by far that in the spinal cord, is very unfortunate for the central sensationalists, because the sensiferous nerve is, according to

them, but an insensible conductor to an insensible sensorium, sensation being thereby rendered impossible, unless the *is not*, is more potent than the *is*. They dethrone entities in order to inaugurate non entities.

The assumption of Bell,* Magendie, and all the world, that, because the nerves have double roots they must consequently have double functions entirely distinct, is just as convincing an argument for double functions in a tooth having two roots, or in the biceps muscle having two heads, not to name many organs more distinctly duplex, as double eyes, ears, lungs, kidneys, testes, ovaries, &c.

The two separate and wholly distinct sets of nerves said to be distributed to the organism, can not be discovered even by the microscope, as the fanatical propagandists of this school themselves admit. Yet they found their books of physiology, pathology, and therapeutics upon this system, and fight for it with the zeal of martyrs. Is this wise? moral?

It is now more than a dozen of years since the writer of these lines began to publish his experimental researches and inquiries concerning this system. Hundreds of human beings were submitted to experiment immediately after death; many vivisections of animals were performed before numerous medical witnesses and competent to judge of their validity and fairness—witnesses who agreed in their testimony, and had no rational motives to deceive. Animals were decapitated, their spinal cords divided transversely and longitudinally, without destroying sensation and voluntary motion; the posterior and anterior roots of the spinal cord were irritated, divided, and destroyed; the nerves were followed to their distributions, and dissected away, as the readers of this journal and other journals know, showing that all of the fundamental principles of Bell and Magendie, concerning the *two* sets, as well as Hall's *four* sets of nerves, were erroneous—that the muscles possess an inherent power of contraction; that both the posterior and anterior nerve-roots give indifferently the signs of motion and sensation; that the twitching motions described by Bell and Magendie as exclusively pertaining to the anterior root, can always, contrary to their theory, be more fully produced after separation from the cord than before, by following the nerve towards its distribution; that the spinal cord can be divided in three or four places, and that the head may be removed without destroying sensation and voluntary motion, and that sometimes, in the alligator at least, the head on the one hand, and the separated body on the other, act in a voluntary manner each for itself, giving all the rational indications that could be expected of an animal, as purpose, feeling, intel ligent motion, &c.

It is, however, in the decapitated body that all the conceivable phenomena characterizing sensation and voluntary motions are the most strikingly manifested, often for hours, with the exception of such phenomena as appertain exclusively to the special senses, as

* Both Bell and Magendie were later by several years than Walker, in the assumption of double nerves and functions.

hearing, seeing, &c., the body acting of course like a blind animal until informed by touch.

Pamphlets, though few in number, describing these experiments, and announcing the deductions drawn from them, were sent without delay to the principal capitals of christendom. And now, *anno* 1856, the latest mails bring the *unexpected news*, chiefly from *Paris*, showing that within the *last six months* experiments have been made, and pathological cases have been observed, which, though less striking and less varied than the old New Orleans experiments, are received with loud acclaim in America, as overthrowing Bell's theory, and forming a new era in physiology. Royalty inaugurated Bell with Knighthood and a pension, and now the Imperial Academy of Medicine inaugurates M. Brown-Séquard as a discoverer, without recognizing in the remotest degree the *priority* of New Orleans. (See *L'Union Méd.*, Oct. 6, 1855; Sept. 8, 1855; *Gaz. Hebdom. de Méd.*, Sept. 14; October 5; Nov. 2, 1855; also, the case, and post mortem examination reported in *L'Union Méd.*, by M. Laboulbène, which occupies nearly the entire number of the journal for Dec. 15th, 1855. "'Tis distance lends enchantment," &c.

M. Brown-Séquard is a distinguished French physiologist, who of late years lectured in Boston, New York, and in other parts, and who, for a few weeks during last year, occupied the chair of physiology in the Medical College of Richmond, Va. His compatriots of the Imperial Academy of Medicine reported without delay*—without waiting or wishing to hear from Trans-Atlantic realms; they gave him their cordial approval, as independent philosophers always should do, however humble may be the laborer in the field of science. The Academy had, as yet, scarcely ceased to insist on Magendie's claims to priority of discovery over Bell—the members of that learned body, perhaps, had not pronounced the funeral oration upon the former, their illustrious defunct associate, when they pronounced upon M. Brown-Sequard's important researches, as overthrowing Bell and Magendie's theory—researches which, though but confirmations, not to say plagiarisms of another (so far as the nervous system is concerned,) will inaugurate fundamental principles, of high importance in physiology, not to say psychology.

BENNET DOWLER, M. D.

New Orleans, March 1, 1856.

SIR ASTLEY COOPER'S PRIZE.—This prize of fifteen hundred doll., for 1856, has been awarded by the Physicians and Surgeons of Guy's Hospital to Dr. B. W. Richardson, for his essay "On the Cause of the Coagulation of the Blood."

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* In Paris the rule seems to be that whatever claims to be an original contribution to, or discovery in, science, is examined into, reported upon, and adopted if found true at the weekly sitting of the Academy, without delay. Has the ethical law which, as it were, obliges one to accept the truth in Imperial France, a velocity and force 624 times greater than in Republican America? or is ethetical arithmetic in different places as I week to 12 years=624 weeks?

EUNUCHS, CIRCUMCISION AND LEPROSY IN THE EAST.

BY DR. J. OSCAR NOYES, LATE SURGEON IN THE OTTOMAN ARMY.

The Mussulman law distinctly interdicts all mutilations of the human body. Moslems, generally, prefer death to an amputation, or a severe surgical operation of any kind. But, notwithstanding this, the employment of Eunuchs is still retained in the East. Their use by the Asiatic monarchs dates from a remote antiquity. They were numerous in the Eastern Empire before its fall; the Eunuch Narses having been, in fact, one of the best generals of the Greeks. Wherever polygamy has existed, these mutilated specimens of humanity have been employed, and probably will be as long as that institution shall have an existence.

While in Constantinople, I learned some curious facts relative to Eunuchs, which were confirmed during my visit to Egypt, where they are much more common than in European or Asiatic Turkey, on account of the greater facility in procuring proper subjects. The Turkish grandees obtain their Eunuchs from Egypt, where, in fact, they are exclusively made. The trade is not so active as in former times; as many of the Turks now confine themselves to one wife, there is not so great a demand for these Argus-eyed guardians of Eastern harems. So far as I could learn, about three hundred Eunuchs are annually made in Egypt, some of whom come to occupy important posts in the Turkish and Egyptian governments. The *Kisler Aga* of the Sultan, for example, is the third man in the Ottoman Empire, having charge not only over the harem of Abdul Medjid, said to contain in all nearly one thousand females, but being also the director of the revenues of the imperial mosques and the incomes derived from Mecca and Medina. From a singular custom of the Ottoman Court, which I am unable to explain, a private harem is kept within the walls of the seraglio for the Kisler Aga, as well as one for the chief of the white Eunuchs.

Syout and Gireh, far up the Nile, are the only places in Egypt where Eunuchs are made for the Egyptian and Turkish markets. The white subjects are Circassian or Georgian boys—the black, Abyssinians or Nubians, from six to nine years of age, the latter being brought by caravans from Sennar and Darfour. The village of *Zaury-el-Dyr*, near Syout, is the great metropolis of the trade in Eunuchs. The perpetrators of this horrid mutilation, to the shame of Christianity be it said, are Christian Copts; and as the subjects of their atrocious cruelty sell from $75 to $200, they drive a very lucrative business for Egypt. The mutilation—according to Clot Bey, from whom I have derived much information on this subject—is usually practised in the autumn, that season being regarded as most favorable. In most cases the operators do not confine themselves merely to castration, as is generally supposed, but remove with a razor all the exterior organs of generation. Boiling oil is then poured upon the wound, and a short tube inserted into the remaining portion of the urethra, to prevent the closure of the same during the healing

process, through which also the boy urinates. A tube is used for the latter purpose throughout life. Powdered hennah is then sprinkled upon the wound, and the sufferer buried for twenty-four hours up to his waist in the sand. Various kinds of unguents are afterwards employed. Three out of every four submitted to the operation perish. Some efforts have of late been made to do away with this barbarous custom, but it will continue in a greater or less degree so long as polygamy shall remain the law of the East. A wealthy Turkish Pacha, wishing to make Abdul Medjid a valuable present, sent him a number of beautiful Circassian boys who had undergone the operation I have described in Egypt. The Sultan, who is a humane and tender-hearted man, could not repress his indignation at the act, and directed that it should never be attempted again.

The Eunuch can ordinarily be distinguished by his exterior physiognomy. He is usually plethoric, beardless, and has a feminine voice, while a sombre and irascible disposition naturally arises from the sense of degradation which he experiences. From a consciousness of physical inferiority, Eunuchs are usually most bigoted Mussulmans, seeking in the austere practices of religion a substitute for the ordinary pleasures of life. Some of them have a fondness for female society, and there are instances in which they marry. Circumcision is practiced with the Mussulmans generally about the seventh year.

In Egypt, females are also circumcised by removing a part of the clitoris. The principal object of this is to moderate the *penchant* of Egyptian females to voluptuousness. It is supposed to have been practised by the ancient Egyptians, and is not proscribed by the religion of the Moslems.

In the East, young females are valued for their virtue. Effective means are often employed to secure virginity until marriage shall take place. In childhood, the labia are scarrified and brought together when adhesion follows, closing up the vagina with the exception of a small opening for the urine and menstrual secretion. The jewel, chastity, is in this manner kept safe. After marriage, a slight operation again opens the vagina. By this means an additional value is given to Circassian and Abyssinian slaves. The operation is not performed upon all who are sold, but upon many. It is not practised to any extent with the Nubians, who are less acceptable to the Mussulmans. On the contrary, I have been informed that it is customary for dealers in Nubian girls to deflower them with the finger, with the idea of contributing thereby to their development. I have also heard it stated, with how much truth I am unable to say, that Mussulmans, when long absent on a journey or pilgrimage, sometimes secure the virginity of their daughters, and even the chastity of their wives, by the means above described.

The Egyptian husband must have ocular proof that he has married a virgin; hence, as among the Arabs, the rupture of the hymen is a public, rather than a private act. The husband deflowers his wife in the presence of the mothers of both and other married females belonging to the two families, with the index finger covered with a white muslin handkerchief. Inspired by the most cruel and shame-

ful jealousy, he often employs a brutal violence in the accomplishment of this barbarous act. The handkerchief, covered with blood, is presented to the friends, who felicitate the victim upon her chastity; and the day after the marriage, the bloody proof of purity is exhibited publicly by the mother or sister of the bride. If the proof of chastity be wanting, from malformation or previous rupture of the hymen, the female is sent back to her parents, and sometimes even thrown into the Nile. Fortunately, however, this barbarous test of virginity rarely fails; but Egyptian husbands are sometimes duped by artificial means employed in the absence of a hymen, or even of chastity itself—means well understood by the inmates of the harems.

While in Jerusalem, I devoted some attention to the lepers. Dr. Simms, of the Jews' Hospital, was so kind as to conduct me to their mud kennels in a little enclosure just inside the Sion gate. But few travelers venture into this mephitic retreat, reeking with filth and corruption, for all avoid contact with the lepers. Of these pitiable objects, slunk away in their wretched dens, or lying near the city gates to reach out a trembling hand to the passer-by, there are about thirty in Jerusalem. The disease with which they are afflicted is by no means confined to Palestine, but appears to be more common there than elsewhere; and surely, O reader, one must travel far to behold objects of such intense and corroding misery.

The following description of the leprosy of Palestine and of the usual course of the disease, is for the most part the result of my own observations upon cases in Jerusalem, some of the suggestions having been borrowed from an excellent article upon the subject by Dr. Ainslie, published in the Transactions of the Royal Society.

The disease is common in Palestine, and its unfortunate victims are generally to be seen in the towns and cities. It spares no rank or sect, but is more commonly found among the poor than the rich. Aretarus, of Cappadocia, has given us, under the title of *Elephantiasis*, a very perfect description of leprosy. In his account, written in Greek, he makes particular mention of the falling off of the fingers and the joints of the feet. The medical men of his time not unfrequently called the disease *Leonia*, from the circumstance of its distorting the human face, so as to give it an appearance somewhat resembling that of the female lion when enraged. Others bestowed upon it the appellation of *Satyriasis*, from the lascivious disposition supposed to be one of its attendant symptoms, when in reality neither food nor rest invigorates the sufferer, and all carnal appetites, instead of being increased, gradually die away.

Leprosy does not often make its appearance before the age of puberty. In cases where it does appear before that age, it represses in a marked degree the growth and development of the body. The stature never becomes full and graceful, but remains shrivelled and meagre—the voice also continuing shrill and nasal. The mind suffers as well as the body. Lepers rarely smile, are drooping and listless, and several of the pitiable sufferers in Jerusalem appear to have been actually demented by the disease. The malady commonly manifests itself about the age of twenty-three or twenty-four, and rarely after the age of forty.

The symptoms of the *Lepra Arabum*, for that is the scientific name of the disease in question, are as follows: A dryness and slight roughness of the skin of the hands, feet, arms and legs, caused by the want of perspiration, are first perceived. The appetite fails, the sleep is disturbed by wild dreams, and the sufferer often wakes up during the night in a fright, with a palpitating heart and a sense of suffocation. In six or eight weeks, his color becomes two or three shades darker, and his features slightly tumid. The dryness and roughness of the extremities are followed by numbness and insensibility to pain; the pulse becomes extremely languid, and dark colored spots and purple tubercles usually appear on the wrists and ankles. The latter are not unlike segments of unripe currants in shape, of a shining and oily appearance, but are not attended with any pain. They increase in size and number, some of them occasionally scaling off to be quickly replaced again, while others generate a small quantity of ichorous matter, which, on drying, occasions a scurvy desquamation. As the leprosy continues to advance, the tubercles extend to the face and render the person a most unsightly object. At the end of the first year, the dryness and rigidity of the skin become universal. The numbness extends above the knees, and is so great that the poor sufferer may, inadvertently, burn his hands or feet to the bone without being sensible of it. The surface of the body is wrinkled longitudinally, and where sensibility remains, feels as if stung with nettles. The countenance undergoes a marked change; the cheeks become bloated and puffy; the muscles of the forehead enlarge and appear as if pushed downward, and the eyes, in all cases inflamed, rheumy and made to look rounder than natural by the pressure from the neighboring parts, resemble those of some wild animal. The lobes of the ear are rough, the tongue is foul and in some cases covered with tubercles, the breath is fœtid, the hairs of the head gradually fall off, the nails break and waste away, the fingers and toes appear withered, and the appetite passes entirely away. In this advanced stage the malady will, sometimes, continue for years, but always with progressive misery.

At last, when the dyspepsia is most tormenting and the respiration hurried,—when the least exertion is sufficient to cause diaphoresis, although the only parts that perspire, are the neck and a little surface around the waist,—when the sufferer, already ugly, has become indescribably loathsome—a feverish heat comes on regularly every evening; the eyes assume a dim, but brassy appearance; the voice sounds hollow, as if from a tomb; the pulsation can be felt only by pressure over the heart itself; ulcerations take place over the joints, and to add helplessness to misery, the latter begin, one by one, to fall off. And thus perishes the poor leper in his filthy den, or at the city gate—perhaps in the vicinity of his synagogue or his mosque.

The leprosy of the Arabians—i. e., the disease with which the thirty lepers of Jerusalem are afflicted—is hereditary, but not contagious. Sometimes, however, it skips over a generation. There is an example of this kind in Jerusalem, in which the parents are both lepers, while the son, though considerably advanced in years, exhibits no indica-

tions of the disease. I examined the lepers of Jerusalem, as I would any ordinary cases of disease, without fear of contagion. That the Jews do not consider it contagious, is evident from the fact that one of their number, who is afflicted with the malady, is permitted to dwell with his friends, and is not cast out among the common lepers.

Women are less subject to leprosy than men, while poor living, want of cleanliness, mendicant misery, and exposure to cold and damp are but too constant attendants of the disease. A fish diet is also found to render every symptom worse. In the East, where the classification of diseases is very imperfect, several kinds of cutaneous affection that are curable pass for leprosy, but the disease whose symptoms I have described, appears to be incurable. Life, however, may be prolonged by careful attention to diet, exercise and cleanliness. Mercury and mineral acids have been employed, but with how much success is not certain.—*American Medical Monthly.*

A FEW HINTS RELATIVE TO THE COLLECTION OF SOME INDIGENOUS DRUGS.

It is a matter of some importance to the thorough pharmaceutist to keep in mind the proper time of gathering plants and barks, roots, leaves and other parts of plants, in reference to laying up a store for future use and for the manufacture of quantities of preparations requiring them to be used at the period of their greatest medicinal power.

Wild Cherry Bark.—According to the results of Mr. Perot, the proper period of collecting wild cherry bark is in the fall, September or October, as then it contains a larger proportion of amygdalin, and consequently yields more hydrocyanic acid and volatile oil than in the spring or summer.

American Senna.—Accoring to the late Dr. R. E. Griffith, (Medical Botany, p. 261,) American senna leaves should be collected when the fruit is ripe or nearly ripe, which is in September.

Dandelion Root.—Roots generally, as is well known to many, should be collected in the fall months, and before frost sets in. This is especially true of taraxacum, which in October has its juices well stored with the bitter principle, the presence of which is usually considered an index of medicinal power, although we believe physicians have yet to prove on what constituent of the plant that power depends.

Pith of Sassafras.—An experienced collector of medicinal plants informs us, that pith of sassafras should not be collected until *after* the 15th of October, as when removed before that time it frequently assumes a brown hue, probably from the presence of juices subsequently removed by absorption, as the period of suspended vegetation approaches.

Diospyros—Unripe Persimmons.—Formerly the bark of the persimmon tree was the part made officinal, but in the Pharmacopœia

of 1850, the unripe fruit was substituted, which is now the proper officinal substance to be dispensed under the name "Diospyros." The fruit should be collected when it has attained its full size, and on the point of changing color, but before the conversion of tannin into sugar has commenced, a change rapidly promoted by frost. In September is the time for the collection of this fruit. When not used fresh, it should be sliced and dried in a warm situation with free circulation of air.

Dulcamara.—The terminal twigs of bitter sweet should be collected in October, or after the fall of the leaves, and, for convenience of division by the mill or pestle, should be cut in short transverse slices, not over half an inch in length; a treatment which also favors their dessication.

Ulmus.—Slippery elm bark, as found in the market, varies much in appearance and quality; sometimes its color is uniform throughout, fibrous, and full of mucilage, with but little astringence. At other times its fibrous character is wanting, and the bark breaks transversely without difficulty, is much less mucilaginous, and consists chiefly of cellular structure. Again, it is met with much discolored and with portions of the outer bark adhering. Now it is highly probable that the season of collection has a marked influence on the structure and medicinal value of the hark; yet we *know* so little, positively, of the times and circumstances of collecting the varieties of commerce, that it would be, perhaps, presumption to hazzard an opinion, and therefore suggest that some pharmaceutist, who has the opportunity by location, will investigate the influence of season on the character of the inner bark of Ulmus Fulva.—*American Journal of Pharmacy.*

ON THE VARIOUS FORMS OF OBSTRUCTION OF THE BOWELS.

BY W. H. RANKING, M. D.

The various forms of intestinal obstruction may be conveniently arranged under the following heads:

I. Simple enteritis.

II. Impaction by fæces, or other solid formations.

III. Narrowing of the canal from disease within the bowel.

IV. Pressure of tumors external to the bowel.

V. Displacement of a portion of the bowel, causing it to twist itself upon another portion.

VI. Incarceration of a portion of the bowel in a loop, formed by false membrane, or adhesions, or in some abnormal opening.

VII. Invagination or intussusceptio.

1. Simple enteritis, or inflammation of the bowels, is usually, but not always, attended by constipation, which purgatives, if given in ignorance of the true nature of the case, fail to overcome. In this case the obstruction is due to the inability of the inflamed bowel to

propel its contents; it allows itself to become distended. The transition from inflamed to healthy bowel is in some of these instances very marked, the upper portion being distended, congested and even gangrenous, while the lower portion is abruptedly pale, empty and contracted.

2. The usual cause of obstruction from impaction is by the presence of hardened fæces, but in some instances concretions of other kinds take place, and complete obstruction has been known to be caused by a large gall-stone Dr. Watson relates such a case in his lectures.

3. Narrowing of the bowel from internal disease is the result either of chronic inflammation, with ulceration and interstitial deposit, or of cancerous degeneration of the coats of the bowel. Giles' is an instance of the former disease. The stricture thus induced, may occur in any part of the intestinal tract, but is most commonly found in the rectum, and within reach. This is specially the case with reference to cancer, for of 378 fatal cases from this cause, in 221 the disease was located in the lower bowel.

4. Obstruction from tumors pressing on the bowel from without is comparatively rare, but cases are recorded in which such a result has been induced by large malignant tumors, and by a retroverted uterus.

5. Strangulation from simple twisting of the bowel upon itself is also rare, but several cases are on record. I have myself met with two marked instances, one of which I related some years ago to the Pathological Society; the other has recently occurred. In both the descending colon had turned over upon itself, producing fatal obstruction. Two cases are also related by Mr. Mackenzie in the *Medical Gazette*, in which the colon was similarly dislocated. Now and then, also, an analogous displacement takes place in the small intestine, in consequence of a preternaturally deep mesentery.

6. The sixth variety of internal strangulation of the bowel is more common. It has occurred to me to see several cases, and an instance you lately witnessed in this Hospital was one. The more common appearances found are a band of false membrane, the result of some former attack of partial peritonitis; an adhesion of the free extremity of the appendix vermiformis, giving rise to a noose through which the bowel slips; or a rent or congenital fissure in the mesentery or diaphragm.

7. The last form to be mentioned is intussusceptio. In this case one portion of the bowel slips into the portion below it, as may be imitated in the finger of a glove. The portion thus inverted is sometimes of considerable length, and when it gives rise to a tumor perceptible through the abdominal parietes, it is called a volvulus.

There is a great difference in the relative frequency of these several causes of intestinal obstruction, as may be seen in an analysis made by Mr Philips in an admirable paper published in the 31st volume of the Medico-Chirurgical Transactions. He has here collected 169 cases, and of these 69 were instances of invagination or intussusceptio; 60 of strangulation by the constriction of bands, adhesions and abnormal openings; while 19 only were caused by disease of the coats

of the bowel, 11 by impaction of hardened fæces or concretions, and 16 from the pressure of tumors external to the bowel.

Whatever be the cause which offers impediment to defecation, a certain train of symptoms sooner or later ensue, though it must be added they do not follow any regular gradation or combination peculiar to individual lesions; hence the difficulty I have spoken of in deciding upon the exact seat and nature of intestinal obstruction. The first thing that usually attracts attention, is pain; this is or is not accompanied by vomiting, and it is found on inquiry that from a certain date there has been no action of the bowels. Day after day passes without relief being obtained, and the symptoms become more severe, the pain more constant, the vomiting more urgent and eventually stercoraceous; the abdomen also becomes more and more distended, the pulse quickens, the countenance becomes haggard, and in fatal cases sooner or later symptoms of collapse ensue, and the patient sinks retaining his mental faculties to the last. This is a description of an average case of ileus; but great variation is manifested in particular cases in the relative urgency of the several symptoms and in their grouping. I will briefly consider these symptoms *seriatim*, and first of the pain.

This symptom is usually present in greater or less intensity, but in some few it is very unimportant, and cases may prove fatal in which there is neither spontaneous pain, nor great tenderness on pressure of the abdomen. In other cases it is the first symptom which excites alarm, and occurs often during some exertion or after an indigestible meal. In such instances it is not uncommonly found that a portion of bowel has become strangulated, and the sudden pain would seem to indicate the precise moment in which the bowel has become imprisoned. In other cases there is little or no pain for some days, but it soon declares itself in connection with distension of the abdomen, and marks the occurrence and progress of the enteritis, which seldom fails to add to the fatal tendency of the mechanical obstruction. Towards the close of life, when gangrene ensues, the pain, as in idiopathic peritoneal inflammation, often quickly and entirely subsides.

The *constipation* is, in all cases of genuine obstruction of the bowels, complete; or, if any fæcal matter passes, it is merely that contained in the bowel below the constricted point. In some cases of intussusceptio, bloody mucus passes, which, in children especially, will materially assist in forming a differential diagnosis.

The *vomiting* is a symptom, subject to much variety. I have recently had a case under my care in which the obstruction was of fourteen days' duration, with immense distension, but vomiting did not once occur. This case proved fatal without the patient once vomiting. The obstruction was in the sigmoid flexure. For the most part, however, vomiting is a very distressing symptom and adds materially to the difficulties of medicinal treatment. At first it is simply the ejection of the ordinary contents of the stomach, but at some variable intervals it becomes fæcal.

The *abdominal distension* likewise varies both in degree and period of occurrence. In some cases, where the obstruction is high up, as

in the duodenum, there is little or no distension; on the contrary, the abdomen becomes flat or even retracted. Generally a tympanitic condition soon declares itself, and may proceed to an enormous extent, so that distended coils of intestine become perceptible to the naked eye.

The condition of the urine is thought by many, and especially by Dr. Barlow, to give important evidence as to the site of the impediment. Where it is copious, it is supposed to indicate obstruction of the lower end of the tube, and the reverse when it is scanty in quantity. Further inquiries are, however, requisite to establish this as a trustworthy sympton. The state of the circulation in intestinal obstruction fluctuates. The pulse may be unaffected at first, but rarely fails to sympathize with the gravity of the disease, in a rise of frequency and subsequent loss of power.—*Medical Times and Gazette.*

EDITORIAL AND BOOK NOTICES.

Yellow Fever in New York.—We see from our exchanges and from the secular press that the yellow fever has visited New York during the last few months. It has not spread generally in that city, but at the quarantine on Staten Island, at Fort Hamilton on Long Island and in its neighborhood, it has prevailed to a considerable extent, and caused not a little alarm.

It is stated in *Harper's Monthly*, that "at Fort Hamilton the ravages of the disease have been very severe, hardly exceeded in proportion to the number of the population by those committed at Norfolk last year." Isolated cases have happened on Governor's Island, in the harbor of New York, and also in different parts of Brooklyn and New York. The cases at the quarantine are ascribed to a cargo of rags coming from a Southern infected region, and those at Fort Hamilton are stated to have been produced by vessels from infected ports, lying in the adjacent waters. The isolated cases in New York and Brooklyn, it is said, can be traced to persons having been on board the infected vessels, or in their immediate neighborhood. It is stated in the *New York Medical Gazette*, that "no single instance of communicability from the sick to the well, in the healthy atmosphere of the city, has yet been even suspected."

The venerable Dr. John W. Francis, in a letter in the *New York Express*, expresses the opinion that in New York "yellow fever is an imported poison, its origin invariably foreign and capable, under cer-

tain circumstances, of being communicated from one individual to another." This has given rise to comment by Dr. Reese in the *Gazette*, and thus the question of *contagion* and *non-contagion* is again opened.

Now upon this subject we have a few words to say. Very many of the controversies of the world, in medicine, in philosophy and in theology, have arisen from the contestents not having precise or harmonious notions respecting the meaning of terms.

No terms have been more vaguely apprehended or positively misunderstood, than "*contagion*" and "*infection*." Without regarding the origin of the words—the original idea of contact in contagion, &c.—we can nowhere find a more clear definition than in our standard defining dictionary—Noah Webster's; and to this we refer those who use the terms, being confident that a clear understanding of these terms will aid vastly to a proper apprehension of the subjects to which they relate. Webster says: "The words *contagion* and *infection* are frequently confounded. The proper distinction is this: *Contagion* is the virus or effluvia *generated in a diseased body*, and capable of producing the specific disease in a healthy body, by contact or otherwise; *infection* is anything that taints or corrupts,—hence it includes contagion and any *other* morbid noxious matter which may excite disease in a healthy body."

Now, that yellow fever is produced by a poison, by a material substance which enters the body of a person previously well and causes the development of the disease within him, cannot admit of a doubt. The whole history of this frightful scourge proves this, and no portion of its history more clearly than the recent occurrences in the vicinity of New York. The cause of the disease, the poison which produced it, is imported—is brought in the ships coming from the locality of its prevalence—is in the air of their holds—is attached to the rags or other materials constituting their cargoes. Nothing can be clearer than this. There is a poison, an *infection*; the yellow fever is therefore *infectious*. But is it *contagious?* This depends upon the manner in which the poison is *produced* and communicated. Small pox is contagious, because the poison producing it is generated in the bodies of the sick with the disease. The poison is generated in this way, and ordinarily in no other way. and this poison is communicated from the sick body to the well body, either directly by contact of the bodies, or indirectly through the medium of the atmosphere—by matter being carried on the point of a lancet—by fomites, or any other way, so that this matter generated in the sick body, is conveyed to the well.

Now, we undertake to say, at least we most firmly believe, that the history of yellow fever does not show that the poison producing it is generated in the bodies of those sick with the disease, and ordinarily in no other way. We challenge the contagionists to produce a single instance or fact, which shall prove that the poison is thus generated. On the other hand, we have every reason to believe and know that it is generated and multiplied independently of sick bodies, and the conditions of that generation and multiplication do not ordinarily exist as far North as New York. It requires greater or longer continued heat than there exists, combined usually with filth, but not more of that than, it is feared, exists in that city, to generate and multiply the poison.

If these positions be correct—and we believe they are capable of the most satisfactory proof—the dictates of humanity and reason are, when yellow fever appears in a locality produced by an imported poison, to remove all persons possible, sick or well, from the vicinity and influence of that poison, changing their apparel and changing their persons, removing them to the most healthy situations, and that there they should receive all proper attention, no one needing to fear "catching" the disease from them.

We respectfully ask the profession, and through them the community, to look at the subject in this light and consider whether all the facts in the case do not point to the conclusions we have stated.

Let New York and every other city threatened with the introduction of this pestilence from abroad, look well to their quarantines, remove their filth, and with humble confidence they may bid defiance to this terror and scourge. But should, unfortunately, in any locality the poison be introduced, deprive it of victims till it be dissipated and destroyed. Confine not those victims to the poisonous locality to meet their fate, through the groundless fear that their bodies, though purified, will spread the disease; and above all, when thus removed, do not leave them deprived of proper nursing and attention, and the consolation and encouragement of friends. There will always remain duties to be performed at the seat of danger, and as civil life has its heroes, it is hoped there will ever be found those ready for the danger, the sacrifice, if needs be, and—the reward.

A. B. P.

Prof. Timothy Childs, M. D., of Pittsfield, Mass., has been elected to fill the Chair of Anatomy in the New York Med. College, vacated by the resignation of Dr. E. H. Parker.

Dr. Louis Bauer.—This gentleman, pricipal of the Orthopedic Institute, Brooklyn, N. Y., recently paid this city a visit on his way to Chicago and St. Louis, and entertained the profession with a very interesting lecture on orthopedic surgery, and particularly on hip disease.

His views of the pathological conditions existing in various stages of this disease, though in many particulars new and opposed to general teachings on the subject, yet to a certain extent coincide with those held by Dr. March and advocated by him in a monograph on the subject, that is as far as misplacement and immobility of the limb are not caused by spontaneous dislocation, but are due to the hydrostatic pressure of the fluid within the joint, and change of form of the acetabulum and head of the femur from absorption. His views were fortified by strong argument, and as he differs in his views of the pathology, so also does his treatment present peculiarities founded upon these views. He had never in his examinations of various collections of dry preparations of joint disease been able to discover, to his mind, an unequivocal specimen of spontaneous dislocation; in this corroborating a similar statement of Prof. March. Besides he shows that all those phenomena attributed to that accident, apparently from the difficulty heretofore of explaining them on any other hypothesis, may easily and satisfactorily be accounted for, not on hypothesis, but proved by experiment to depend upon other causes, that is the effusion or formation of pus within the capsular ligaments.

His treatment being, when this stage of the disease is manifested by characteristic symptoms, among which are those which have heretofore been attributed to upward and backward dislocation, to give exit to the fluid by opening into the joint, following the indications which nature points out in her efforts at cure, being careful to exclude the air.

The anchylosis which exists after this, has been performed in many cases, he attributes to a euplastic fluid having been generated in the joint, which has in a manner soldered the parts together. This connection is broken by force, care being taken that the operation be performed at a period sufficiently long after diseased action has ceased, to prevent danger of relapse.

The displacement heretofore attributed to in inward dislocation, is the second stage of the disease, and he charges to the action of the adductor muscles, after the fluid has gained exit by fistulæ. This is relieved by section of the muscles involved. We do not pretend to give a complete abstract of the able lecture, but a brief synopsis of some of the principal points.

The Doctor also exhibited very ingeniously contrived splints, made of wire cloth moulded to the proper shapes for the various applications requisite in surgery, and soldered around the borders to thick wire to preserve the form. The advantages of these being their permitting of external applications through the interstices of the wire, not preventing evaporation, &c.

Upon the whole we regard the hour spent in listening to the lecture as a good investment, and wish the Doctor a proper reward for his diligent inquiries in this speciality of surgery.

Resignation of Prof. E. O. Haven, D. D.—We regret to hear that this gentleman who has so ably filled the Professorship of History and English Literature in the University of Michigan, is about to dissolve his connection with that institution, having been elected editor of *Zions Herald*, Boston, where he intends to remove.

Prof. J. Le Conte has resigned the Chair of Chemistry in the College of Physicians and Surgeons of New York, and has been elected Professor of Natural History in the University of Georgia. Dr. Sam. St. John, of the Cleveland Medical College, supplies the place made vacant by Prof. Le Conte's resignation.

☞ We are sorry to announce the loss of the *Medical Times* from the list of our exchanges, as we always took great pleasure in the perusal of its pages. The labors of its editor, Dr. Bulkley, will not, however, be lost to the profession, as they have been transferred to the pages of the *New York Journal of Medicine*, formerly edited by Drs. Purple and Smith, and who still remain. We wish the Doctor and his associates a happy and prosperous future and the united Journal an extended circulation.

☞ What has become of the *Medical Counsellor?* We have not received it in some time. Surely the enterprise of publishing a Weekly Medical Journal in the great State of Ohio has not failed.

Has Nelson's *Northern Lancet* died also?

Our colaborer, the *Boston Medical and Surgical Journal* seems to be the only survivor of the family of weeklies.

☞ The *New Orleans Medical News and Hospital Gazette* has not been received since the June number. Is the Post Office Department at fault?

The *Iowa Medical Journal* has shared the same fate since the issue of the April number.

Correction.—We deem it due to Professor Storer to publish the following explanation made by the *Boston Medical & Surg. Journal*, as a means of correcting an error into which we were led by the Academical Catalogue of Harvard University:

The Peninsular Journal and Dr. Storer.—The editors of the *Peninsular Journal*, in reply to our article of the 4th August, state that they are unable to find the name of Mr. Perabeau in the "Catalogue of the Officers and Students of Harvard University for the academical year 1855–1856, first term," and add, "we state the fact, and leave the application to be made by those who take the trouble to read what we have written." The reason why the editors of the *Peninsular Journal* could not find the name, is simply that they looked in the Academical Catalogue, which is published in September, and which consequently cannot contain the names of students attending the medical lectures of the *ensuing* winter. It is customary to publish in the general catalogue, for the first term, the names of the students of the preceding year, a separate catalogue of the medical students being printed in November. If the editors of the *Peninsular Journal* will take the trouble of examining the "Catalogue of Students attending the Medical Lectures in Boston, 1855–56," a copy of which we have sent them by mail, they will find the name of Mr. Perabeau, and no doubt will do Dr. Storer the justice to acknowledge it.—*Boston Medical & Surgical Journal.*

As this Journal has been the occasion of calling attention to the parties named in the following card, we think our duty to Dr. Hoffendahl requires us to republish it:

Note from Dr. C. F. Hoffendahl.—*Messrs. Editors:*—In your paper of last week I saw, for the first time, the advertisement of Dr. H. Perabeau, in which my name occupies an unpleasantly conspicuous place, and I consequently feel it due to myself to make the following statement.

About three years ago, Dr. P. asked me to assist him in the prosecution of his medical studies. I allowed him to use my books and witness as much as possible of my practice, advising him, at the same time, to pursue a regular course of study by attendance on medical lectures, &c. This course he pursued with due diligence, as far as I know, until he left Boston last spring, and since then I have had no connection or communication with him. I would further declare that Dr. P. has used my name in his advertisement entirely without my knowledge or consent. If you will publish this statement in the next number of your Journal, you will confer a favor on

Your obedient servant, C. F. Hoffendahl, M. D.

Tuesday, August 19th, 1856. *Ibid.*

Errata.—Page 156, line 15 from the bottom, for preconceit read *preconcert*. Page 157, line 10 from the top, for have read *love*.

SEA SICKNESS; ITS CAUSE, NATURE, SYMPTOMS AND TREATMENT. Derived from experience and strict observation. By M. NELKIN, M. D., &c., *Resident Surgeon in the New York State Hospital, Ward's Island.* New York: STRINGER & TOWNSEND, 222 Broadway, 1856. From Dr. DAVIS, New York.

The above monograph consists of 32 pages, and treats of the subject under the head of "Symptomatology, Cause and Nature of Sea Sickness, Treatment and Regimen," to which is appended a formulary, the history and literature of sea sickness.

We do not see that the author has succeeded in placing before the profession, or even the reading community, anything new on the subject which he proposes to treat. Every one knows that it is owing to the motion of the vessel, that vomiting is produced. Whether the vomiting is a sequence of giddiness, or that the stomach is primarily affected, our author does not state; but most probably, both stomach and brain act in sympathy. In treatment we have nothing new. Bandages drawn tightly over the stomach will cure it in some cases; two or three glasses of brandy will in others, while opiates will entirely stop it in more, and these are those which cannot be relieved by any means whatever.

There is another fact which the author has omitted, viz: that those having suffered most from vomiting and are at the same time free from disease, (for we do not consider sea sickness a disease,) recover the first, and enjoy the best health after coming on shore.

The book is interesting to those who have had no experience in sea-voyaging, and contains hints that are of practical value.

PRACTICAL ANATOMY. A new arrangement of the London Dissector, with illustrations. By D. HAYES AGNEW, M. D., *Lecturer on Anatomy, and Surgeon to the Philadelphia Hospital* (*Blockley.*) Published by J. B. LIPPINCOTT & Co. Philadelphia: 1856.

Brevity in a book to be studied in the atmosphere of a dissecting room, is a cardinal virtue. This quality has been very successfully cultivated by Dr. Agnew in the work before us. His omission of unessential descriptions of parts, a merit of itself, is fully justified by the illustrations introduced in connection with the text. We use this language in reference to the insolubrity of the theatre of study and the decaying nature of the material employed in the early efforts of anatomical research.

Medical students by whom our remarks will be understood, will find this little work a useful guide to their first steps in professional life.

THE PHYSICIAN'S VISITING LIST, DIARY AND BOOK OF ENGAGEMENTS FOR 1857. Published by LINDSAY & BLAKISTON, Philadelphia.

This book, so complete and convenient in its arrangement, has admirably served the purpose of its publication. We presume it has already become familiar to most of our readers; for labor and time saving inventions, and contrivances for systematizing are never long in gaining merited popularity, and this popularity was speedily attained by this book, and has been constantly on the increase.

The preface to the Diary for 1857 says:

"The increasing demand from year to year for the "Physician's Visiting List" is highly flattering to the publishers, and they again return their thanks to the profession for their renewed confidence in the work, which is so often expressed by the high encomiums passed on it by all who use it. Copies are prepared for twenty-five or fifty patients per week, and if specially ordered, will be prepared for one hundred patients."

This little work which may be conveniently carried in a side-pocket, contains, besides blank leaves for visiting list, memoranda, addresses of patients, nurses, &c., obstetric engagements, vaccination engagements, &c.; also an almanac, table of signs, poisons and their antidotes, and a table for calculating the period of utero-gestation.

Those who have heretofore used it, will be pleased to learn that they may be supplied for 1857, and those who have not yet made its acquaintance, when once they have, will be equally pleased.

A TREATISE ON THE PRACTICE OF SURGERY. By HENRY H. SMITH, M. D., *Professor of the Principles and Practice of Surgery in the University of Pennsylvania, &c., &c.* Illustrated by 273 engravings on wood. Published by J. B. LIPPINCOTT & Co., Philadelphia.

For this work, an octavo of 828 pages, the mechanical execution of which is in the usual finished style of the publishers, we are indebted to the courtesy of Messrs. Lippincott & Co. It having been received just as the last form of the present number of our journal was going to press, we cannot give it as full a notice, as we presume from a hasty glance at its table of contents and the beauty of many of its illustrations, it is entitled to. The institution with which the author is connected, and the city from which it emanates, are both guarantees of its credibility as a guide to the student and practitioner of surgery.

We shall speak of it more fully in our next.

HUMAN PHYSIOLOGY, STATICAL AND DYNAMICAL; OR, THE CONDITIONS AND COURSE OF THE LIFE OF MAN. By JOHN WILLIAM DRAPER, M. D., L. L. D., *Professor of Chemistry and Physiology in the University of New York.* Illustrated with nearly 300 wood engravings. Published by HARPER & BROS., New York.

We are under obligations to the enterprising publishers for an opportunity of examining this excellent hand-book of physiology, written by a popular teacher of physio-chemistry. Occupying a position intermediate not only in size, but in design, to the chemical physiology of Lehman and the copious works of Dunglison and Carpenter on physiology, it will become a valuable companion to the student in the lecture-room, and a profitable resource to the practitioner, whose daily avocations do not admit of such an appropriation of time, as would enable him to study the larger and separate works on these kindred and engrossing topics.

The author has written his book with a high aim: that of endeavoring to make physiology an exact science, which, when fully accomplished, will put an end to the millennium of quackery, by establishing medicine upon the basis of positive philosophy—a good devoutly to be wished for, but, to our imperfect vision, as far in the shadowy future, as the second coming of the Messiah.

☞ It gives us great pleasure to make the announcement that the 20th number of "Tully's Materia Medica and Therapeutics" has been received. The contents of the number are "Proem to Diuretics continued, Proem to Diaphoretics and Blennagoguas." Every physician should be a subscriber. Published by JEFFERSON CHURCH, M. D., Springfield, Mass., to whom all remittances should be directed. Price $1.00 for four numbers.

MONOGRAPHS AND PAMPHLETS.

THE HISTORY AND STATISTICS OF OVARIOTOMY. By GEORGE H. LYMAN, M. D. Being a prize dissertation, to which the prize of the Massachusetts Medical Society was awarded, May 1856.

We are under obligations to the author for a copy of this valuable, learned and accurate resumé of the literature of an important subject —important from the formidable nature of the disease itself, from the increasing tendency to its development owing to the social influences which characterize American manners, and from the boldness exhibited by surgeons in the adoption of expedients for its removal, as well as from the success with which some of these measures have been

followed. The contributions of Dr. Atlee to the advancement of this speciality have awakened the professional curiosity in relation to this subject, a curiosity which will be fully gratified by a perusal of the monograph of Dr. Lyman.

Sanitary, Meteorological and Mortuary Report of the Philadelphia County Medical Society, for 1855, with an account of the prevalent diseases, &c. Presented to the State Society in May 1856, by Wilson Jewell, M. D., *Chairman of the Committee on Epidemics, &c.*

The author will please accept our thanks for an opportunity of perusing this paper, which we find an interesting contribution to the sciences connected with the subject of sanitary police, and well worthy the attention of the municipal governors, both of our older cities and the rapidly developed towns in the newer West. The relation of geology to health, which receives consideration in this report, is a subject not sufficiently studied.

Constitution and By-Laws of the Medical Society of Minnesota, organized Dec. 1855.

We are indebted to some unknown friend for being placed in possession of this proof of professional spirit in our brethren of Minnesota. They fully adopt the national code of ethics, and establish for themselves rates of remuneration, which show that they possess a high and we trust a just appreciation of themselves and their services.

MISCELLANEOUS.

Danger of Iodine Injections in Hydrocele.—M. Gosselin made an interesting communication to the Society de Biologie, on the 24th of May. He has ascertained that in three cases where, after the death of patients, he has examined the testicles, there is a peculiar danger in employing iodine injections in the vaginal cavity as a means of curing hydrocele. This danger consists in the absence of the secretion of a sperma fit for fecundation. In these three cases, no spermatozoa were found in the seminal vesicle of the side, where a hydrocele had been treated by iodine injections. In experiments upon dogs, M. Gosselin has found, also, that after such injections, the production of spermatozoa does not take place, and that the testicle becomes pale and smaller than before.—*Med. Times and Gaz.*

MEDICAL PHRASEOLOGY, TERMS, &c.—Could one of the Fathers in Medicine be present at any of our professional meetings in these days, he certainly would be entirely unable to comprehend the language used. This, to be sure, may be pronounced a legitimate result of the great progress in scientific discovery, and particularly in the departments of physical exploration, of chemistry and microscopy. Hippocrates and Galen would be non-plussed at *some* modern descriptions of disease, even if rendered into good Latin or Greek—a process, by the way, not over familiar, at present, to medical men. Sydenham would certainly be puzzled at many things—at all events, at many words—could he listen to descriptions of cases and specimens. We should like to observe the effect upon his ear and comprehension, of such words as leucocythemia, angeioleucitis, atelektasis pulmonum, fibro-plastic, blastema, cell-growth, cell-therapeutics, spirometry, epithelial cancer, plasma, scrofulosis, &c., &c.

Without presuming to animadvert upon the existing nomenclature, which, in so far as it is based upon accurate observation, and manifests, by the component parts of its many long terms, the nature of the part, property or ailment they designate, is well enough; we still believe there is a great disadvantage in continually introducing new words. Unless not to be dispensed with, a compound, novel term is a nuisance, in the most legitimate sense of that expressive word. If ever simplicity in description, with short, significant words and sentences, be desirable, it is in compositions relating to medical and surgical cases.

What is far worse, however, than addition of terms by the truly learned and studious, is the *affectation* of their style by their antipodes in acquirement. It is too often the case that points of great interest are obscured or lost by reason of inflated descriptions and a desperate endeavor after sounding, and frequently inappropriate, words.

A comparatively new habit of writers often strikes us unpleasantly in medical composition, and that is the *too* abbreviated style. Are not the definite and indefinite articles intended for use? Sometimes, page after page is written with a studious avoidance of these really necessary words. It would be better to insert *them*, and leave out some more pretentious ones.

Another thing is of no little importance, although to insist upon it may possibly obtain for us the charge of hyper-criticism or worse; in our view, it has a real importance. There are certain words which are exclusively medical; they are usually compounds and of nearly constant use. While one such word will be always correctly spelt, another, very closely related, perhaps its nearest *congener*, will be docked of its fair proportions. This is done by the best professional writers of the day, and is especially evident in some of our own and in certain foreign periodicals. An instance entirely *apropos* is found in the mode of writing the term diagnosticate: it is getting to be very general to say and to write *diagnose*. Why? we would ask. No one thinks of writing *prognose;* it is always prognosticate. This mangling is in poor taste, to say the least, and, unless avoided by

good writers, will introduce many objectionable features into medical language.—*Boston Medical & Surgical Journal.*

Effects of Color upon Health.—From several years' observation in rooms of various sizes, used as manufacturing rooms and occupied by females for twelve hours per day, I found that the workers who occupied those rooms which had large windows with large panes of glass, in the four sides of the room, so that the sun's rays penetrated through the room during the whole day, were much more healthy than the workers who occupied rooms lighted from one side only, or rooms lighted through very small panes of glass, I observed another very singular fact—viz., that the workers who occupied one room were very cheerful and healthy, while the occupiers of another similar room, who were employed on the same kind of work, were all inclined to melancholy, and complained of pains in the forehead and eyes, and were often ill and unable to work. Upon examining the rooms in question, I found they were both equally well ventilated and lighted. I could not discover anything about the drainage of the premises that could affect the one room more than the other; but I observed that the room occupied by the cheerful workers was wholly whitewashed, and the room occupied by the melancholy workers was colored with yellow ochre. I had the yellow ochre all washed off, and the walls and ceilings whitewashed. The workers ever after felt more cheerful and healthy.—*Nashville Journal of Med. and Surg.*

Punch on Headache.—The female headaches are innumerable, but they arise principally from vexation and disappointment. They may be divided into "nervous" and "sick" headaches. The nervous is irritable and cannot bear being spoken to; the sick is despondent or sulky, and bursts into tears at the least contradiction. When a lady cannot have her own way, a headache is the painful consequence. An unpopular visitor brought home accidentally to dinner, will produce an alarming attack of the headache, and the symptoms that successively follow, are instant loss of appetite, deafness, peevishness, hysteria, and finally a precipitate retreat to the bedroom. The poor servants feel the effects of the headache as much as any one, and do not stop in the room longer than they can help.

These unfortunate headaches are very frequent about that time of the year when every one is, or is supposed to be, out of town, and do not cease until the patient has been carried to the seaside for a change of air. The milder forms will vanish upon the application of a piece of jewelry; or if the forehead is wrapped up in a new shawl, it is astonishing with what rapidity the pain disappears. Sometimes a shifting of the scene is requisite, and thus a box at the opera has been known to produce an instantaneous cure, even when the headache in question has been of the most stunning description, and the opera played has been one of Verdi's.—*Boston Med. & Surg. Journal.*

Iodide of Zinc as a Topical Application in Venereal Sores.—Having noticed that Iodide of Zinc was very strongly recommended as possessing the power of resolving enlarged tonsils, I instituted some experiments with a view of establishing its virtues, with but indifferent results. During this investigation three cases of syphilitic ulceration of the throat happened in my practice. It occurred to me to try it in these cases, and I had reason to be surprised at the rapidity with which the cure was effected. Since that I have used it in syphilitic ulceration of the nose and tongue, some very bad, with equally satisfactory results. In fact, none seem to resist it. It is now three years since I have used it, and every fresh case only confirms its great powers. My opinion is entitled to some weight, as, since 1836, I have used Ricord's Acid Nitrate of Mercury in similar cases, and am able to contrast the relative merits. Of its value in primitive chancre I am unable from experience to decide, but am certain that within the period of incubation it has equal powers to, if not greater than the Nitrate of Silver, to destroy the specific character of the sore, and I am inclined to think that, on trial, its powers will be found to extend beyond the ten days allotted by Ricord to the period of incubation. I could cite the approving testimony of medical men who have tried it at my suggestion, but I would recommend the members of the profession to try it for themselves.

As the way of preparing may not be generally known, it may be well to describe it.

Take a piece of bright zinc plate, place it over the mouth of a jar and sprinkle it with iodine; the brown liquid that runs into the jar, is Iodide of Zinc.—*Montreal Medical Chronicle.*

Giant Skeletons.—The following we find in the Boston Medical and Surgical Journal: "The Burlington (Iowa) State Gazette says, that while some workmen were engaged in excavating for the cellar of Governor Grimes' new building, on the corner of Main and Valley streets, they came upon an arched vault some ten feet square, which, on being opened, was found to contain eight human skeletons of gigantic proportions. The walls of the vault were about fourteen inches thick, well laid up with cement or indestructible mortar. The vault is about six feet deep from the base to the arch. The skeletons are in a good state of preservation, and we venture to say are the largest human remains ever found, being a little over eight feet long.—*St. Louis Med. & Surg. Journal.*

Ergot and Digitalis in Hemorrhage.—A combination of ergot and digitalis, in the proportion of two grains of the former to three quarters of a grain of the latter, given in the form of pill, six or eight times daily, is highly praised by M. Ed. Carriese, as an antihemorrhagic in general, and particularly in hæmoptysis and menorrhagia. According to him, this combination effects more than either article separately.—*Boston Med. & Surg. Journal.*

THE PENINSULAR
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ORIGINAL COMMUNICATIONS.

ARTICLE I.

Subdivision of the Functions of the Cerebellum.

BY E. ANDREWS, M. D.

Very few attempts have been made to ascertain whether separate functions are assignable to different parts of the cerebellum. The phrenologists devote the whole organ to the generative instinct. Modern physiologists mostly agree that it is the organ which "correlates motion," though not denying that the organ of "amativeness" may possibly be located in some part of it. One writer, many years ago, advanced the idea that the cerebellum presided over the motions of the inferior extremities, getting, as I think, a partial glimpse of the truth.

The point at which I aim in this article, is to establish a probability, not only that the cerebellum is connected with the function of voluntary motion, but that certain parts of it preside over particular portions of the muscular system.

It is easy to separate the cerebellum into several parts which are to some extent anatomically distinct. In every species of animal above the reptiles we are able to observe that the cerebellum presents one middle and two lateral lobes to our consideration. The universality of this distinction is undeniable. It is loosely stated by physiologists that in the birds the cerebellum consists *wholly* of the middle lobe, but in my dissections I have found both the descriptions

and often the figures in the books erroneous. Even in birds of the most powerful flight, such as the swallows and the gulls, in whom the the middle lobe is most developed, there is still a very distinct tubercle on each side of the cerebellum representing the lateral lobes. In quadrupeds and in man the lateral lobes far exceed the middle in size. Indeed, in man the middle lobe is reduced to a mere ridge, compressed between the two others and forming by its surface the projection, called the vermiform process.

The question then naturally arises, have not these lobes distinct functions which can be ascertained by comparing the varied muscular systems of different animals with the corresponding development of the cerebellar lobes in them? In man the inferior extremities have to support and carry the entire weight of the body, and in muscular development they far exceed the superior extremities. Corresponding to this, we notice the fact already mentioned, that the lateral lobes of the cerebellum are much larger than the middle. This naturally leads to the suspicion that, in so much as the cerebellum has something to do with the motor function, the larger lobes may possibly preside over the larger limbs, and the smaller over the others; in short, that the lateral lobes pertain to the inferior extremities and the middle lobe to the superior. If we now with this idea examine other animals, we find the proposition strengthened. Take for instance the rabbit. Here the posterior extremities, though more powerful than the anterior, do not present that extreme difference which was exhibited in man. In fact, the anterior extremities have to support half the weight of the body, and also require considerable muscular development for the efforts of burrowing as well as of running. Accordingly we find on dissection that the middle lobe of the cerebellum is proportionally larger than in the human subject, corresponding well with the size of the set of muscles which we suppose to be subjected to its influence. The lateral lobes in the rabbit are larger than the middle, but only in a moderate ratio, showing an accurate proportion to the power of the posterior limbs.

Again, let us select the mole for study. This animal burrows under the ground, by what may be called for so small an animal an immense strength of the hands. In fact, both the anterior and posterior limbs are well developed, the latter to push the animal forward in the burrow, and the former (i. e. the hands) to crowd aside the earth and thus form the hole. It is evident on the slightest examination, that the muscles of the anterior extremities in this animal are fully equal or superior even to those of the posterior; and so we find

the relative size of the cerebellar organs. The middle lobe equals or perhaps exceeds the lateral, and thus still further confirms the idea that the former pertains to the anterior and the latter to the posterior extremities.

If now, we can find a mammalian animal whose anterior limbs are very much more powerful than the posterior, we may be able to test the theory still better. Such an animal is the bat. This creature, though strictly allied to the quadrupeds in every thing, except its mode of locomotion, yet flies in the air with the ease and swiftness of a bird. Flight requires an immense power in the muscles which move the humerus; and a very superficial dissection of the bat suffices to show that the muscles of its wings exceed those of its legs in an enormous ratio. On this account I have dissected the brain of the bat with the greatest care and interest. I find that, in strict accordance with the idea already advanced, the middle lobe entirely overshadows the lateral, being as great a difference in that direction, as the human cerebellum exhibits in the opposite one. In fact, as the locomotion of the bat is like that of birds, so its cerebellum is like theirs in the relative size of the lobes.

If now we examine the birds themselves, we are still further confirmed. In these animals we see that the muscles which move the wings, are of great size and strength, while those of the legs are comparatively small and feeble. The cerebellum of birds, as all know, consists almost entirely of the middle lobe, the lateral lobes being reduced to mere small protuberances.

It is thus evident that there is a very remarkable correspondence through two classes of the animal kingdom, indicating a close relation of the middle lobes of the cerebellum to the anterior extremities and of the lateral lobes to the posterior. I simply claim *probability* as the result of this proof. At some future time I hope either to make it certainty, or to demonstrate its delusiveness. At present several things are wanting to a full settlement of the question. One important desideratum is an examination of the brain of the order of birds who do not fly at all, such as the ostrich. I regret that I have as yet had no opportunity to make such a dissection, nor to obtain any account of one made by others.

Another evidence which is yet to be obtained, is that of pathology. We need a careful analysis of those cases where the cerebellum has been the seat of injury or disease, and finally we should obtain, if possible, a post mortem examination of some of those cases of monstrosity where one pair of extremities is congenitally wanting, or but little developed.

It will be observed that I do not touch the question respecting the nature of the impulse sent down from the cerebellum to the muscles. Whatever it may be, whether a direct impulse or mere "co-ordinating" control, I do not see that either supposition forbids the idea of a certain portion of the cerebellum being set apart for each muscular region. Further I do not wish to be understood as asserting that the nervous centres of the four limbs constitute the whole bulk of the lobes. I only suggest that these centres are located in the lobes which I have indicated, probably the muscles of the trunk, and perhaps other and non-motor centres may be connected with them, so that it is not to be expected that the size of the lobes will accurately correspond to the power of the limbs alone in every species of animal, especially if the comparison be pushed to great minuteness. I claim, however, that the general correspondence, which I have pointed out, is such as to afford a strong presumption of the truth of the suggestions which I have presented.

ARTICLE II.

Report of a Case of Strangulated Hernia.

BY A. B. PALMER, M. D.

Was called on Monday afternoon, Sept. 1st, to visit in consultation Mrs. V., a widow lady, aged sixty-five, ordinarily of fair health and constitution, and of rather full habit. On arrival in the evening, she was described by the medical attendant and family as having been attacked with abdominal pain, nausea and vomiting during the night of the previous Friday, and on Saturday morning was found by her physician laboring under symptoms of severe colic—constipation, vomiting and great thirst. Anodynes were administered with partial relief of the severe pain, and these were followed by various cathartics and enemas, the medicines being all rejected from the stomach, and the lavements only clearing the lower bowels—the vomiting being very copious, and on Sunday about noon becoming stercoraceous and continuing so until the present time.

On examination about 9 P. M., she was found much depressed, surface cool and clammy, countenance sunken and anxious, pulse frequent, small and feeble, tongue red and rather dry, hands somewhat corrugated, and the whole appearance and expression indicating rapid exhaustion. On further examination, a tumor was found in the

left inguinal region which the patient described as having commenced a small mass some sixteen years before, and which had gradually enlarged, until now it was something more than three inches it its longest diameter, extending from a point nearly opposite the superior anterior spinous process of the ilium over the external ring to the upper part of the left labia over the pubis. Its lateral extension was not quite as great. This tumor had never previously given her pain or considerable uneasiness, and had produced no annoyance, except from apprehension that it might some day become serious. Soon after its appearance she had obtained the advice of medical men who had prescribed the application of some form of iodine frictions; but no opinion as to the nature of the tumor had been expressed. At the earlier period of the present attack—on Saturday and part of Sunday—the tumor had appeared unusually hard and tense, but had now lost that feeling and was free from tenderness and pain.

From the soft and elastic feel of the tumor and the other circumstances and symptoms, it was at once regarded as a hernia, principally omental, which had become strangulated.

As no anodyne had been administered for a day or two, and considerable abdominal pain and spasm continued, one third of a grain of morphine was administered and the taxis tried in various positions calculated to relax the parts concerned. Some two hours were consumed in these efforts—the effects of cold and chloroform for relaxation were tried with occasional manipulations, such as were judged safe and proper, but entirely unsuccessfully. A speedy operation was the only hope, and this from the long continuance of the strangulation, the age and present exhausted condition of the patient seemed to promise but little.

After stating to the friends and patient (the latter being quite conscious and calm,) the nature of the case, the certainty of a speedy dissolution without relief, and the hope, though faint, from an operation, it was requested, and the wish strongly expressed that chloroform, which, from the experiments for the purpose of taxis, seemed to operate well, should be given.

Preparations were accordingly made, complete anæsthesia induced by the chloroform, and the operation commenced in the usual way. On opening the sack, a large mass of thickened omentum, heavily loaded with fat, was alone visible. In raising up and putting aside the folds, on the lower and inner side of the mass a nuckle of intestine was found, presenting the dark mahogany color of continued strangulation, making the whole case clear. No sphacelation was apparent,

the stricture which was very firm, was divided and the intestine returned; the omental mass, however, was found extensively adherent and entirely irreducible. This mass was so large, especially after being unfolded from its compact form, that it seemed nearly impossible to bring the lips of the wound over it, and the principal part of it was removed with the knife, no hemorrhage occurring. The wound was brought together and secured by sutures and straps. The patient awoke from an apparent quiet sleep, the pulse not sinking at all in the meantime, and was put to bed. Stimulants, anodynes and nourishment were administered from time to time, as seemed to be indicated, all of which were retained and the patient to a hopeful extent revived.

On leaving the next morning, the patient seemed quite comfortable. Directions were given to keep water dressing applied to the wound, to continue opiates in gentle, but decidedly anodyne doses, (about a fourth of a grain of morphine was borne once in four hours,) to administer stimulants, if it seemed necessary, (but little were required,) and light, but nourishing food as might be borne.

Visited the patient again Wednesday evening, Sept. 3d. She was feeble, the system having evidently experienced a severe shock; considerable thirst remained, but the bowels had acted kindly. The wound looked well, and hopes of recovery were faintly indulged. A similar course of treatment advised to be continued.

Was sent for to see the patient Saturday, Sept. 6th. Had remained, in general symptoms, much the same, rather more feeble, slight fever, pulse 110; bowels had acted aided by mild enema; moderate tympanitis. Wound had healed by the first intention in the upper part of its extent, the lower part discharging pus, consistent and rather healthy looking for the most part, but of an offensive odor accompanied with globules of fat. But little inflammation of the wound, and very slight tenderness of the abdomen. Considerable muttering while dozing, but quite conscious when aroused. No pain. During the night a single free emesis occurred, the first since the operation.

Without any marked change in the symptoms that could be ascertained, she gradually grew more feeble, became unconscious during Sunday night, and died on Monday, the 7th.

Undoubtedly an omental hernia commenced some sixteen years since. It was small at first and produced only very slight symptoms. The patient was comparatively thin in flesh at that time, and the large size of the tumor was produced principally, if not entirely, from

the gradual thickening and accumulation of fat. The descent of the intestine was probably recent, occurring most likely on Friday, the day before the severe symptoms commenced, as that day she exercised more than usual, and afterwards did not feel quite well. The age of the patient, the severe shock from the long continuance of the strangulation disqualified the system for bearing the irritation necessarily following an operation of that nature.

The case possessed peculiar interest to the reporters by the hopes of success which were for some days excited, only, as the result proved, to be destroyed.

Dr. Fox, of Brush Hill, who was the attending physician, administered the chloroform, and Dr. Varian, of this city, who was accidentally present, rendered valuable assistance in the operation.

Chicago, Sept. 25th, 1856.

ARTICLE III.

Case of Lithotomy.

About the 10th of July, I was called to see a child (P. Dillon) who was suffering with all the symptoms of stone in the bladder. The child was five and a half years old, and was very much emaciated from the excruciating pains, &c., which it had suffered for the last eight months. I proceeded to sound the bladder and felt ostensibly a stone, without any trouble. But a few days after, when I came to perform the operation (lateral), I used at once the staff instead of the sound, so as not to produce so much irritation, (eminent surgeons of the United States prefer the same,) because the urethra was very much inflamed from the acrid muco-purulent discharge. I searched again for the foreign body which I had felt a few days previous, but, to my great surprise, I could not feel it at this time. Fortunately the method of Dr. Physick came to my memory, viz. to place the patient nearly on his head, so as to render the fundus of the bladder the lowest part, and thus brought the foreign body into contact with the staff. Then, after the ordinary arrangements, I proceeded with the operation. The patient being under the influence of ether and chloroform, in the proportion of five parts of the former to one of the latter, I used the medium size scalpel for the incision, and the straight pointed bistoury to open the bladder, instead of the gorget. The transverse perineal artery bled pretty freely, but the hemorrhage was

soon checked by compression. After the incision into the bladder, I searched for the foreign body with the scoop, but in vain. Then, *per incisionem*, I introduced the index finger and found the stone encisted in the fundus of the bladder and surrounded with a thick crust; but with patience and care a stone of the weight of half an ounce was extracted, (weighed with a correct scale,) also about two tablespoonsful of heavy sediment.

The wound did not heal by the first intention, nor did I try to produce this result, because the urethra was too much inflamed, and the child could not bear any longer such acrid discharge through the urethra.

The child is now perfectly well and gaining very much. The operation lasted thirty minutes, and I was assisted by Wm. C Derosier, formerly a medical student, a very talented gentleman, who, no doubt, would have become a prominent man in the profession, had he persevered in the study.

Regarding the composition of the stone, as far as I can ascertain by some chemical analysis, it was found to be composed of phosphate of lime, magnesia and ammonia, on being exposed to the blowpipe.

St. Paul, Sept. 19th, 1856. J. A. Vervais, M. D.

ARTICLE IV.

Can Iodine revive Mercury Latent in the System?

BY E. P. CHRISTIAN, M. D.

It has been frequently observed that preparations of Iodine, more especially the Iodide of Potassium, in certain cases manifests a peculiar action upon the mucous membrane of the air-passages, producing all the symptoms of a cold in the head, with the profuse mucous secretion from the nares, &c. This is not the common physiological effect of the remedy, but has been observed sufficiently frequent to establish the fact of its occurrence *propter hoc* Another idiosyncratic effect, which has been less frequently observed, is ptyalism, resembling in all respects the ptyalism of mercury, except in the absence of inflammation and fetor.

Lately the question has been proposed: Does this medicine possess the power of exciting into action mercury and lead latent in the system, or is this result but the physiological action of the remedy on the system?

In the *Medical & Surgical Reporter* of January, 1856, is an abstract of a discussion on this subject from the Transactions of the College of Physicians for March and April, 1855.

Dr. Bache desired to call the attention of the College to the question of the influence of Iodide of Potassium upon workmen in mercury and lead, and upon persons who have taken medical preparations of those metals. "It is asserted," said Dr. Bache, "that in such cases the urine is found to contain a compound of the metal with which the system has been more or less impregnated; and hence when such metallic preparations have been for a long time taken, Iodine must be cautiously administered. In the case of Mercury for instance, Iodine is said to develop mercurial salivation with great facility. The Iodine is supposed to unite with the metal deposited in the tissues, to render it soluble, and consequently to renew its activity. The facts of the case must be admitted, and the theory is plausible. It must therefore be presumed that, when the system is thus saturated with either of the metals mentioned, but Mercury in particular, the Iodide of Potassium ought to be very cautiously administered. In like manner, when common salt is given to persons who have taken the milder preparations of Mercury, a bi-chloride will be formed with whatever of the metal remains in the tissues, and may produce salivation."

"Dr. Jackson mentioned a case which apparently went to confirm this law—that of a lady who had been for some time taking blue pills. She removed to the country and began to use the Iodide of Potassium. After taking three or four doses, she was salivated; the medicine was then suspended. After the symptoms had declined, it was again resumed, and she was again salivated."

"Drs. Bell, Page and Condie regarded these results as merely the physiological effects of the Iodide of Potassium, and thought it not necessary to invoke the operation of a chemical law to explain. The same effect followed the administration of other remedies, as Nitric Acid."

We have the notes of a case, which may perhaps somewhat help to illustrate the subject. A young man, who has been several months under treatment for syphilis, has manifested an excessive obstinacy to the specific action of Mercury on the system, and also to its curative effects upon the local difficulty, and has consequently taken a large quantity of it. At the commencement of treatment he was put on the use of Biniodide of Mercury, ¼ gr. four times daily, and mercurial ointment rubbed into the groins twice a day. This was

gradually increased, until ten or twelve pills were taken daily, and continued for several weeks, with the effect of healing the chancres and a partial disappearance of extensive induration about the base of the prepuce, but producing no tenderness of the gums, nor action upon the salivary glands. There being such a manifest insusceptibility to the action of Mercury, and in hopes of expediting the cure, he was now ordered Iodide of Potassium, gr. v three times a day. Within a very few days, all the symptoms arose of a severe cold in the head—so severe, indeed, that the suspension of the medicine was deemed necessary. No ptyalism was induced, neither was there any evident improvement in the induration. After a few days, he again resumed the mercurial treatment, returning to the pills of Biniodide of Mercury. These were continued as before for several weeks, when the Protiodide was substituted, commencing with i gr. pill three times daily, and increasing to eight or ten. Under this treatment there was slow improvement in the local disorder, and at one time some tenderness of the gums and increased flow of saliva, which was kept up only for a short time. This treatment was continued for some three or four months with considerable improvement of the induration. A second resort was then had to the Iodide of Potassium, ii gr. three times a day. In less than three days the same catarrhal symptoms arose as before, but this time accompanied by a severe salivation, profuse flow of saliva, soreness of the teeth and gums, enlargement and tenderness of the sub-maxillary glands, &c., and with at all but little improvement of the remaining induration, from which there still continued, as there had been from the beginning, a luxuriant crop of warty excrescences, uncontroled and uncontrolable by caustic applications freely applied, and repeated attempts at extermination by the scissors. Indeed, our only hopes of eradicating this difficulty was in the radical cure of the induration from which the excrescences originated. The case, which was remarkable as presenting an example of unusual insusceptibility to the common physiological and also to the specific effects of mercury in this disease, finally passed out of my hands before a complete cure was effected.

Now, whether was the salivation in this case the physiological action of the Iodide of Potassium on a system peculiarly susceptible to its influence, or was it the exciting of mercurial action by some chemical change, or otherwise? The latter hypothesis appears to me the more plausible; because no ptyalism resulted from the first use of the remedy, in larger doses than at the second time, although it manifested its influence in the severe irritation of the mucous mem-

branes of the nares and fauces, resembling cold in the head. This may be accounted for, by reason of the smaller quantity of Mercury that had been taken, and the little that could have been deposited in the tissues; for the absorbents not having become insusceptible to the stimulus of the remedy by long use, were yet capable of absorbing it, and the system of eliminating it.

Another Case. E. C., aged fourteen years, now convalescent from violent inflammation and effusion within the capsular ligaments of the knee. After other antiphlogistic treatment, general and local, was put upon Calomel and Opium, with the design of producing the specific effects of the Mercury to a slight degree. Continued several days without obvious effects; then combined with it Tartar Emetic, and continued for several days. Still none of the specific effects of the Mercury. This medicine now discontinued, and the patient put on Iodide of Potassium, iii gr. three times daily. After the second day, slight ptyalism was manifested with improvement of the symptoms.

Although, as Dr. Bache says, the theory is plausible by which he accounts for the ptyalism in these cases, viz. the Iodine uniting with the metallic mercury, which is now known to be deposited in the tissues, after a long course of the medicine, and forming with it a soluble compound which is re-absorbed; yet may we not rationally account for the system responding to the action of Mercury in these cases, without the necessity of resorting to an explanation by chemical operations? May we not account for it on physiological grounds, and not attributable to the chemical effects of the Iodine? May it not be found in the excitement of the absorbents by the new stimulus, this medicine having, as we know, a special tendency to affect the glandular and lymphatic system? The same result has been known to follow after other medicines besides the Iodide of Potassium, and, indeed, it must be on some analogous principle that we combine with it, or anticipate it, by Tartar Emetic, to produce salivation in cases which have proved insusceptible to the specific action of Mercury. Says Eberle in his Therapeutics: "Of the efficacy of nauseating doses of antimony in overcoming the resistance of the system to the action of Mercury, I have lately had a remarkable example. After having tried ineffectually for nearly two months to bring a venereal patient under the specific influence of Mercury, employed both internally and externally, I at length, by the suggestion of Dr. Klapp, gave him nauseating doses of Tartar Emetic, and by these means succeeded in less than three days in establishing a gentle salivation."

The specific effects of the Mercury being in these cases produced by the action of physiological laws, appears to me to militate against the explanation on the chemical hypothesis in the cases cited by Dr. B.

It may be said, there is no knowing but that these effects are produced by some chemical change; that there is no certainty of its being a mere physiological process. No; but have the same effects been observed to occur when the Tartar Emetic has followed the administration of Calomel, when there is still Mercury remaining in the system, sufficient for any chemical combinations? It is only when these medicines are administered together, or the Tartar Emetic has preceded the Calomel, modifying the system in some way, that the effect of Tartar Emetic in promoting the salivary effects of Calomel is observed. That the contrary is the case with Iodine, the ptyalism following when this has been administered subsequent to the Calomel, may perhaps argue in favor of the chemical theory.

If the fact should be once established that Iodine possesses the power of reviving the action of Mercury latent in the system, either by chemical or physiological laws, and attention being directed to that fact, perhaps it may appear that generally in those cases in which ptyalism has followed the use of Iodine, that Mercury has been previously taken. The opponents of Dr. Bache's theory cite cases in which ptyalism followed the use of Iodide of Potassium, when no more mercurials had been taken than a single purge; but we all have seen those idiosyncratic constitutions in which very minute quantities of Mercury have excited salivation in the normal state of the system. These cases are probably oftener seen than cases of salivation following Iodine; and if increased efficacy is given to the Mercury by the action of Iodine on the system, or the system is rendered more susceptible to its action *a fortiori*, we should oftener expect to see salivation after Iodine following even minute doses of Mercury.

ARTICLE V.

Strangulated Femoral Hernia of the right Side, complicated with Descent of the Ovary, Operation, Amputation of the Ovary, Cure.

BY WM. BRODIE, M. D.

On the 26th of September last, I was requested by Dr. Pitcher to accompany him on a visit to Mrs. E., residing in the upper part of this city, with the intention of operating for the relief of a Strangulated Femoral Hernia.

Fifteen years previous, Mrs. E., while lifting her oldest child, a heavy boy of three years of age, from the floor, felt something give way in her right groin, which occasioned at the time much pain. Very soon a tumor appeared of the size of her knuckle, as she described it. After the application of cold to the part, the pain left her, but the tumor remained. She felt no further inconvenience till seven years ago, when after lifting she again had a return of the pain complicated with a strangulation of the intestines. This was again reduced by the application of cold and a plaster, which had been recommended to her as a sure cure for rupture. After this time, the tumor still remaining began increasing slowly, notwithstanding she continually wore a truss, which she found great difficulty in doing.

On the 22d of the month, being at this time the mother of a large family and of a corpulent habit, she had a return of her hernia. Her physician was called in, who ordered her to have a warm sitz bath, and afterwards a belladonna plaster to be applied to the tumor. This gave her no relief. The pain was very severe and at times attended with vomiting. On the 26th, Dr. Pitcher was called to see her, and ordered pulverized ice to be applied, the taxis having failed to reduce it. The next day she was no better, when I saw her with Dr. Pitcher and Dr. Christian. The tumor, which was about the size of a hen's egg, gave a firm fleshy sensation to the touch. The usual impulse was felt upon the coughing of the patient, but no return of the gut could be brought about. As there were no constitutional symptoms demanding the immediate resort to surgical interference, it was deemed best to continue the cold.

Dr. Pitcher saw her the next day and afterwards till the afternoon of the 29th, when the patient was suffering with increase of pain and stercoraceous vomiting.

At the request of Dr. Pitcher, I again attended the patient with himself and Dr. Batwell, when it was decided to immediately operate. The patient was put under the influence of chloroform by Dr. Pitcher, and assisted by Dr. Batwell, I proceeded with the operation. Upon cutting down on the tumor, instead of finding the swelled knuckle of intestine, a fleshy mass of the size of an egg was discovered, firmly adherent in its sac. I carried my finger above and behind the tumor and felt the gut; neither gut nor tumor could be reduced. The stricture was then divided, which consisted of a portion of Gimbernat's Ligament, and the gut immediately returned, with immediate relief to the patient. The tumor was then examined, and found to be one of the ovaria. It was then dissected from its adhesions, and a ligature

being applied, it was removed. The patient, being at this time in a conscious state, expressed her desire of evacuating the bowels, which event took place freely after the dressing of the wound, they not having been moved for a week previous. Some inconvenience was felt from the slight hemorrhage and the protrusion of the omentum. A few sutures and a compress completed the operation, and the patient was put to bed. Mrs. E. suffered some pain in the bowels, which soon left.

On the fourth day a free discharge of pus took place from the wound, and on the eighth day the ligature came away. She has continued gradually to improve. Her bowels are perfectly regular, and her appetite is quite natural. She complains of a little weakness of the right side, but thinks it will go away in the course of a few days. A very slight discharge still continues from the wound which has not entirely healed.

The above case is particularly interesting from its complication. The ovary must have been down for the last seven years, if not longer; evidently it must have preceded that of the intestine. This organ was about three times its natural size, its free or convex border presenting in its convexity, was the knuckle of intestine. As we have mentioned before, the ovary was adherent to the surrounding tissues, therefore demonstrating the fact that it must have been in that situation for some time. We have examined cursorily the literature of hernia, as far as we could obtain it, and although we have found almost every thing else mentioned as complicating hernia, whether femoral or inguinal, we have not found the *ovaria* of the number enumerated.

Detroit, October 24, 1856.

ARTICLE VI.

Morbus Coxarius.

The report read by Professor March, of Albany, on Coxalgia or Hip Disease, before the American Medical Association, in 1853, has given an impulse to the medical mind in relation to that subject, the effect of which is still perceptible.

It will be recollected that this gentleman "takes the position that spontaneous dislocation of the hip (as purely the result of morbid action unaided by superadded violence) seldom or never takes place."

We refer to this disease at the present time, not with the design of writing an essay upon the subject, but for the purpose of presenting to our readers the notes of a post-mortem made by Dr. March himself, of a case submitted to him by us, the ante-mortem appearances in which are given by ourselves.

We have not thus far been able to obtain a history of our patient prior to his admission to the Hospital, whither he was sent by the Director of the Poor, either from his friends or his physician, if he had one. For that reason we shall give only such an account of the symptoms, as will enable others to appreciate the value of the opinion formed as to the position of the head of the femur, and the reasons for its adoption, leaving the subject to be discussed by Dr. March and his co-worker Dr. Bauer, as champions of the new opinions, and Dr. George Hayward, of Boston, the defender of the old.

P. was admitted to St. Mary's Hospital in September 1856. He appeared to be about twelve years of age, was exceedingly emaciated, having been reduced to that state by a wasting diarrhœa, dependent upon that condition of the mucous tissue, which marks the later stages of certain forms of Phthisis Pulmonalis. His physiognomy indicated a scrofulous diathesis.

From the statement made by the patient, it appeared that some months previous to his admission he had found relief from pain by flexing his legs upon the thighs, and his thighs upon the pelvis, and placing his sternum upon pillows, so as to divide the weight of his body between the elbows and chest. In this position he remained for months, only changing it by reclining to the left, for the purpose of diminishing the pressure upon the right hip, it being the one involved in disease, and when necessary to be removed from bed on account of the frequent movement of the bowels. His position presented the nates directly to view, the fold of which took an oblique direction, in consequence of the relation the pelvis bore to the spinal column. The diseased hip possessed the prominent characteristic of Morbus Coxalgia, and to the eye it appeared evident that the head of the femur had escaped from the acetabulum and rested upon the ischiatic portion of the innominatum. The suffering of the patient forbade manipulation except by touch alone, by which the impression made through the eye upon the mind was confirmed. Drs. Brodie and Christian saw this case, both of whom entertained the idea that there was a dislocation.

These gentlemen removed the right innominatum and the upper third of the femur, leaving the joint and muscles of the dorsum ilii

untouched. In this situation it was forwarded to Dr. March, who completed the examination and furnished us in a familiar epistolary form the following account of it. We hope to be pardoned for the liberty taken with his letter in giving it to the public.

We should have remarked above that there were two fistulous outlets from the joint, one on the inner aspect of the thigh, and the other near the tuber ischii. Z. P.

ALBANY, October 2, 1856.

Z. PITCHER, M. D.

My Dear Sir:—Your friendly note and the specimen of morbid anatomy therein referred to, reached me in due time, and for which I tender you many thanks.

The specimen is a most valuable one in two points of view.

Before dissection, and I presume during life, it really appeared like a backward dislocation on the body of the ischium, nearly midway between the tuber ischii and the spinous process of the ischium. The head of the bone could be *felt* and *seen* moving under the back part of the glutæus minimus, when the femur was rotated. Nevertheless, on opening the capsule, the acetabulum was found to be enlarged in that direction, so that its diameter across the brim was two inches, the extent of a healthy cotyloid cavity at the same point.

The *intervening* cartilage in the child, that unites what is called the body of the ilium and the body of the ischium in the socket, was absorbed, and a portion of the bony material, so as to leave a large and long aperture through the bottom of the acetabulum and a sinous ulcer, apparently communicating with the cavity of the pelvis. There were two other sinous ulcers which perforated the capsular ligament; and most of that portion of the head or body of the ilium entering into the formation of the acetabulum, was dead or necrosed, as well as a portion of the ischium.

The head of the femur, or about half of the epiphysis, was absorbed, and the ligamentum teres entirely dissolved. The other half of the head was loosely attached to the *spongy and soft neck.*

The capsular ligament seemed to be softened and more or less blended with the superimposed tissues; but there was no laceration or detachment from the outer brim of the acetabulum that would tend in the least to permit the head of the bone, or the remains of it, to escape from the socket, so as in the least degree to appear like a dislocation.

I have thus given you a brief, though I fear not a very intelligent, description of the appearance and condition of the several parts of this exceedingly interesting and instructive pathological specimen.

Affectionately Yours,

ALDEN MARCH.

SELECTIONS.

ON OBLIQUITY OF THE UTERUS.

BY J. N. SALISBURY, A. M., M. D., RUSSELVILLE, OHIO.

The influence that obliquity of the uterus has in causing difficult and tedious labors, has by most of our authors been passed over with but little notice; and those who have noticed it, are mistaken either in the causes, effects, or remedies.

CAUSES.—Levret thought the main cause to be the insertion of the placenta, which would draw the uterus to the side of its attachment. But facts do not establish this theory. We have often met with obliquity to one side, and the placenta attached to the opposite side. The observations of many others also corroborate this fact. We sometimes also meet with the obliquity forward, while the placenta is attached to the back part of the uterus.

But Moreau says: "Anterior obliquities are caused by *the natural inclination* of the pelvis forward." But we may ask, why does not the same natural cause produce the same effect in all cases? That it does not, even in a majority, no one will deny, although the forward inclination of the pelvis is always present, or, in Moreau's own language, it is "*natural.*"

In hearty, robust young women the gravid uterus usually occupies the middle of the abdomen; so then we must conclude that the forward inclination of the pelvis alone could not produce the obliquity.

Now, the main cause of obliquity seems to be undue relaxation of the abdominal parietes. Hence it is that we usually find it in women who have borne several children, and but very seldom meet with it in first pregnancies. Moreau himself admits, that the more children a woman has had, the more relaxed are the abdominal parietes, and the more marked the anterior obliquity of the uterus.

The requisite support from the abdominal parietes being thus weakened, the axis of the uterus with respect to the person becomes changed, so that the fundus may fall forward, and the mouth be thrown back against the sacrum, or the fundus may incline to the right or left side and the mouth to the opposite ilium.

EFFECTS.—That obliquity of the uterus may cause delay, and sometimes dangerous delay, I believe none have denied. But while

they have not denied it, they have failed to state the fact. True, Dr. Churchill says, it may cause delay. Dr. Denman says, that some labors are procrastinated by obliquity of the uterus. And Moreau says, it may be the origin of serious accident to both mother and child. But with these exceptions, where is the author that marks out the difficulty and danger in a proper manner? I cannot better point out the danger than by giving the case of Baudelocque.

A woman had been four days in labor, attended by an ignorant midwife, who had allowed her to walk about and stand erect during the whole period of labor. The difficulty he found to be anterior obliquity of the uterus, which was very great, the head resting against the promontory of the sacrum, preventing dilatation of the os uteri. "At last," he says, "the head descended covered by the neck of the uterus. Venesection, a horizontal position and the precaution of elevating the breech could not prevent gangrene and death, which occurred before the termination of labor.

TREATMENT.—Is it necessary to interfere at all in obliquity of the uterus, and if so, what shall we do?

Dr. Wm. Hunter remarks: "As far as I have been able to observe, the mere obliquity of the uterus never occasions so difficult a labor, as to require any artificial arrangement to bring the os uteri in a proper situation. In such cases, as in many others, art can do little good, and patience will never fail." Dr. Churchill agrees with Hunter, that little is necessary, except patience. "I do not think," he says, "that interference with the os uteri is ever justifiable." Dr. Ramsbotham also strongly opposes interfering with the os uteri, and declares that at best he has very little faith in obliquity of the uterus producing serious protraction. Dr. C. D. Meigs thinks all that is necessary to correct the obliquity, is to change the position of the woman. Drs. Dewees and Churchill think that it may sometimes be necessary in addition to position, to lift up and support the pendulous belly, until the head shall occupy the inferior strait.

Now, the question with every honorable obstetrician should be, not whether natural forces will be sufficient to overcome the difficulty, but how far can he interfere safely and be instrumental in shortening and relieving the sufferings of his patient. The course recommended by the worthy author referred to above, may be sufficient in some cases to remedy the evil; but can position and proper support be relied upon in all classes? I think not. I believe with Moreau that it is necessary to act upon the os uteri, as well as to attend to the position and proper support.

About a year ago, I was called to see a woman that had been in labor twenty hours. At first she had called in a person pretending to be a physician, who either tried to do nothing, or was ignorant of her situation, and left her as he found her, without even attempting to relieve her, but directing her to send for him, if she became worse. She suffered on, getting no better and not much worse until I was called. I found the os uteri high up against the left ilium, and the fundus thrown to the right side. I had the patient placed on her left side, and followed the directions of our authors; but it was all of

no avail. I then introduced the finger of the right hand into the os uteri and gently drew it down during the pains, while with the left hand I raised up and supported the fundus, and thus in a very short time succeeded in righting its position. Dilatation then proceeded rapidly, and in less than an hour her labor was terminated, much to her relief and satisfaction. The case of Baudelocque mentioned above, he says, could have been successfully terminated, had the obliquity been remedied in the beginning.

December 8th, 1855.—We were in attendance upon a patient with anterior obliquity of the uterus. The os uteri was high up against the promontory of the sacrum. The patient was placed upon her back, and the fundus of the womb raised up and supported, but all to no purpose; for three long hours the labor advanced not a particle, although there were strong pains the whole time. We then introduced the finger into the mouth of the womb and made gentle traction, when dilatation proceeded steadily, and in about one hour and a half the delivery was complete.

August 22d, 1856.—Had a case of anterior obliquity very similar to the one above. The patient was placed on her husband's lap, and traction made upon the mouth of the os uteri, while the fundus was raised and supported. Labor progressed well, and in a few hours' time was terminated.

Here is a case full of interest, given by Moreau, of anterior obliquity. He says: "The fœtal head was in the cavity of the pelvis, covered by the neck of the uterus, whose parietes were so smooth, thin and tense, that it seemed as if the head were bare. Such, indeed, was the opinion of the attending physician, who was preparing to apply the forceps, when the family requested our advice. We immediately ascertained, by the sensibility of the part and the pain caused by touching, that the fœtal head was not exposed, and that it was covered by the yet undilated head of the uterus. We placed the woman on her back, with her breech elevated, introduced the extremity of the index finger, curved in the shape of a hook, into the os uteri, which was behind and nearly on a level with the promontory of the sacrum, so as to draw the anterior lip gently downward and forward during the uterine contraction; at the same time, with the other hand on the abdomen, we pushed the fundus uteri upward and backward. This simple plan, continued with great caution and gentleness, effecting a rapid dilatation, and in less than two hours a successful and natural termination of a labor which, until our arrival, had been considered as excessively difficult and requiring the use of the forceps. —*Western Lancet.*

Remarkable Case.—Mrs. Julia Syles, wife of John Syles, of Blackstone, died on the 14th ult. of dropsy, from which she had suffered for five years. During that time she had been tapped upwards of one hundred and forty times, and more than three thousand pounds of water were extracted.—*London Lancet.*

VESICO-INTESTINAL FISTULA.

Dr. Strum reports the following, which should be ranked among the rarest cases in pathology:

A man, aged forty years, in the enjoyment of good health, with the exception of some slight attacks of hypochondriasis, felt in 1844 the first signs of a hemorrhoidal affection. His stools were irregular, and he suffered pains in the region of the sacrum. The veins around the anus were tumefied. Soon after, he was attacked with lancinating pains of a peculiar character. These returned in paroxysms of short duration and extended from the root to the glans penis. In other respects his health was not impaired.

In December 1844, the patient remarked that during the emissions of urine, and sometimes even without urinating, that gas escaped by the penis. A little later, he found in his night-vessel some fragments of almonds that he had eaten during the day, which were passed with the urine, then morsels of fæcal matter, of which the quantity gradually increased and obstructed at intervals the canal of the urethra.

The evacuations per anum gradually diminished. Neither catheterism of the bladder nor of the intestine led to the discovery of the fistulous opening between the bladder and the intestine. In 1845, Diefenbach was consulted, but his prescriptions were without effect. The only relief the patient experienced, was due to the injection of large quantities of water. The general aspect of the patient was good, the appetite unimpaired, emaciation progressed but slowly, and the strength failed but little. Notwithstanding the pains increased, and finally became so intolerable as to produce maniacal paroxysms. In April 1845, peritonitis terminated fatally.

Autopsy.—In opening the abdomen, there issued a large quantity of brownish, offensive liquid, mingled with purulent floculi. The ascending and descending colon adhered to the other intestines and the mesentery. The liver, spleen and gall bladder were covered with resisting false membrane, but their texture was not altered. The ascending colon was distended with gas and contained much fæcal matter. The descending portion, at its inferior part, was so firmly adherent to the bladder and neighboring organs, that they could not be detached. About eight inches above the anus the adhesion of the intestine with the bladder was still more intimate, for the space of two inches, and at the middle of this there was an opening of an inch in diameter, which established the communication between the bladder and the intestine. The bladder contained a yellowish, liquid fæcal matter; its mucous membrane was thickened, of a bluish-marbled color, covered with a yellowish mucus, and dotted over with very prominent varicose dilatations. No diminution in the caliber of the colon or rectum. The mucous follicles of the rectum were greatly developed, and immediately above the sphincter ani was a crown of dilated veins. No trace of tubercles or cancerous deposit. Dr. Strum attributes the fistula to an ulcerative inflammation of a vesical varix, which had at first excited local adhesion, and afterwards led to the perforation.—*Western Lancet.*

RESULTS OF THE QUANTITATIVE AND QUALITATIVE ANALYSIS OF HOMŒOPATHIC MEDICAL PREPARATIONS.

BY EDWARD H. PARKER, M. D., OF NEW YORK CITY.

(From the Transactions of the New Hampshire State Medical Society.)

During the last two years my attention has been repeatedly called to the drugs used by gentlemen professing to practice medicine "homœopathically." In conseqnence of my observations I determined, as opportunity offered, to obtain specimens of the remedies actually used by these practitioners and sold by various pharmaceutists, and to submit them to an experienced chemist for analysis. This has been done in three instances with the following results:

The first analysis was made of the contents of two vials, marked respectively *Mercurius Solubilis* and *Arsenicum*. This is their history.

A gentleman with whom I had become acquainted in some business connections, often talked to me of his health and of the treatment to which he was subjected by a prominent homœopath of this city. Among other powders he showed me some which he was taking, and which, I was sure, contained a notable quantity of Nitrate of Silver. He also praised the treatment to which his child was submitted when it had a diarrhœa from teething, or other cause. A gray powder and a white one were given alternately, and the child liked to take them. His wife kept them constantly by her, and if the child had a discharge from the bowels which she thought was a little too loose, she would give her a few doses of these powders. She thought, however, that the blackish powder (Mercurius Solubilis) did the most good. My friend constantly urged me to try them, for, I think, that because I did not rail at homœopathy, but spoke of its practitioners, as I would of other gentlemen, he had some hopes of converting me to his faith, than which I can conceive of no more preposterous supposition. Finally, I requested him to procure for me some of the same powders he was using for his child. This he did, and I placed them in the hands of Dr. Arthur Du Berceau, of this city, who is a skillful analytical chemist. This is his report:

One hundred parts of the white powder, marked Arsenicum Album, contains 1.112 of Arsenious Acid. The remainder is cane sugar. The second, marked Solubilis Mercury, contains in one hundred parts 11.00 of Metallic Mercury. The remainder is cane sugar. The mercury was in the condition of black oxyd, obtained by the reaction of proto nitrate of mercury and ammonia.

The mother, when told of the amount of mercury and arsenic which she had been giving to the child, was horrified, and has since used them less indiscriminately.

At my request the same friend purchased for me a case of medicines of a homœopathic druggist. It is like those which he ordinarily sells for family use. This I also placed in the hands of Dr. Du Berceau, and he obtained the following results:

In the bottle, marked Calc. Carb., 100 parts of powder contain 1.066 Carbonate of Lime.

In the bottle, marked Carb. Vegetabilis, 100 parts of powder contain 0.500 fine Charcoal.

In the bottle, marked Arsen. Alb., 100 parts of powder contain 1.120 Arsenious Acid.

In the bottle, marked Mercur. Solub., 100 parts of powder contain 1.350 Metallic Mercury.

In the bottle, marked Hepar. Sulph., 100 parts of powder contain 0.900 Sulphur.

In the bottle, marked Stibium, 100 parts of powder contain 0.500 Oxyd of Antimony.

In the bottle, marked Sulphur, 100 parts solution contain 0.100 Sulphur.

In the bottle, marked Phosphorus, 100 parts solution contain 0.430 Phosphorus.

The fluid contents of the vials in the case, with the exception of the last two in the preceding list, were not examined, partly because I wished to preserve them to satisfy the minds of those who might desire to see for themselves, and partly because it is so difficult to do anything more than to ascertain the quantity of solid matter which remains after evaporation of the menstruum. The qualitative analysis of organic substances is well known to be one of the most difficult and uncertain of the operations of the chemist. The sugar in these powders was that obtained from milk.

It will be observed that in this instance the Arsenic and Soluble Mercury are the strongest preparations, though the latter does not compare in its amount of Metallic Mercury with the proportion found in the first analysis. These two remedies seem to be great favorites with homœopaths, being frequently prescribed by them. Why this is, we now understand.

About the same time, I obtained a set of preparations which had been used by a physician who determined to try his hand at homœopathy, and took advantage of the position which he occupied in one of the dispensaries of New York to make his experiments. After his resignation, the preparations which he had been using, were left in the hands of the apothecary of the institution, and some of them were selected by me for analysis. They were purchased at a different shop from those which were before analyzed, and the direction given was, that, when about two-thirds of the vial in any bottle (they were all solutions) were used, the vial should be filled up with proof spirits. This will, perhaps, account for some of the variations in the strength of the preparations. It was found that there was of

Tincture of Silica, in 100 parts 0.025 of Silica.

Tincture of Hepar. Sulph., in 100 parts 0.050 of Hepar. Sulph.

Tincture of Baryta Carbonica, in 100 parts 1.450 of Carbonate of Baryta.

Tincture of Calc. Carbonica, in 100 parts 0.500 of Carb. of Lime.

Tincture of Arsenica, in 100 parts 0.025 of Arsenious Acid.

Tincture of Carb. Vegetabilis, in 100 parts 0.050 of Charcoal.

Tincture of Mercurius Solub., in 100 parts 0.100 of Sol. Mercury.

Tincture of Lachesis, in 100 parts 0.025 residue after evaporating the alcohol.

Tincture of Sepia, in 100 parts 0.025 residue after evaporating the alcohol.

Some of these preparations, as the Baryta Carbonica, contained a thick sediment which carried up the per centage. The other preparations which were left, were vegetable, and were therefore excluded from the analysis.

These are all the analyses which I have yet caused to be made, but they are somewhat instructive. The first two preparations were obtained by the direction of a homœopathic practitioner, and one of them, the Mercurius Solubilis, is more than one tenth pure mercury, the proportion of the oxyd being consequently somewhat greater. The Arsenicum contains 1.112 parts of Arsenious Acid, while the usual form in which arsenic is given, viz. Fowler's solution, contains one-half a grain to each fluid drachm, the dose for an adult being about ten drops.

The second analysis was of drugs sold for "family use," and it is observable that the Arsenicum is even richer in Arsenious Acid than the first. The Mercurius has a much smaller portion of Metallic Mercury, and yet there is sufficient in it to produce all the effects of this metal, when given in small doses. The tinctures accompanying the powders, are, so near as I can tell by the ordinary modes of examination, of as great, if not greater strength than the corresponding preparations used by physicians. Though contained in small ounce vials, their color is marked—the Rhus Toxicodendron, for instance, being of a deep olive color, as is also the tincture of Dulcamara. Ipecacuana, Aconite, Arnica, Cantharides, all give tinctures of decided color in these small vials. The Aconite, indeed, I have used for patients, and find that it produces exactly the same results that ordinarily follow the use of the saturated tincture. Having occasion to use tincture of Chamomile, I had some made by a druggist, and filled one of the vials with it. The color of the homœopathic preparation was quite as marked as the other. The tincture of China, which being translated means Cinchona, is a good simple tincture of Peruvian bark.

The third set consists of much weaker preparations, and yet here it is noticeable that, excepting the Carbonate of Lime and the Carbonate of Baryta, Mercurius Solubilis stands highest in its proportion.

If an average is made of the per centages of these three analyses, we shall have this result: for the first 6.056, for the second .745, for the third .250. In contrast with these figures others may be put, showing the per centage of the drug which is left, in preparations made according to the directions of Hahnemann for potentizing medicines. The first dilution has in 100 parts 1 part of the drug. The second dilution has in 100 parts .01 part of the drug. The third has in every 100 parts .0001 part of the drug. Beyond this it is not necessary to go; though every one remembers how much stress was and still is laid upon high potentizations, those who use the thirtieth

dilution being considered very moderate. The two hundredth is much preferred by some, and yet the weakest preparation of these three classes, obtained from direct sources, is stronger than the second dilution.

It may be asked how it is that such an abandonment of "potentization" should have occurred among homœopathists themselves, for these drugs came from their pharmaceutists, from the shops patronized by all the prominent men of that school in this city. The question can be answered only by referring to the positions which they now occupy. If these gentlemen are shown such proofs of the strength of their preparations, as these analyses afford, or such as the very appearance of their tinctures gives, they will not for a moment deny that we are correct, or that there is anything in this which is inconsistent with homœopathy. They will say they are *homœopathists*, but they are not *Hahnemannists*. O, no! not they. How could one be so stupid as to make such a blunder! They believe in the doctrine, *similia similibus curantur*, but they do not find that potentization, as taught by Hahnemann, is borne out by experience. To be sure, this is no more than the whole medical profession has been saying ever since the absurd doctrine was propounded, and it is no more than common sense teaches; but if one suggests this to them and congratulates them on their returning senses, he gets very little thanks for his trouble. The fact, however, of this entire change of the position should be more generally known and appreciated by the profession than it is, so that we may not waste time in assailing a position which has been entirely abandoned. It is safe to attribute any supposed effect of a decillionth of a grain of charcoal to imagination, but it is not quite safe to attribute to the same influence the effects of five drops of saturated tincture of aconite. Under these circumstances it might happen that a homœopath and a physician would both treat a patient in the same way, their only difference being in their process of reasoning. Both give quinine in intermittent fever: the homœopath because, as he alleges, it will produce in a healthy person similar symptoms; the physician for the reason that he knows it usually cures the disease, not, as is slanderously reported, because he believes it will produce symptoms unlike intermittent fever. He is no *allo*path. It did in fact happen to a friend of mine to be asked to see a patient who was under the care of a homœopath, not in consultation with him, but because he was desired to give his opinion, whether or not it was safe to trust the patient still longer under the treatment. The disease was typhoid fever, and he found Spiritus Mindereri and all the usual remedies in ordinary doses, the patient doing very well. He could not but say to the attendant: "If this is homœopathy, I am a homœopath." To be sure, the physician may write a prescription for *cinchona*, and the homœopath may write one for *china;* or the one for *hydrargyri oxidi nigri*, and the other for *merc. solub.*; one for *antimony*, and the other for *stibium*—but both mean the same thing, and the patient will receive the same drug.

It is a question of practical interest to the profession to ascertain what there is of good, if any, in homœopathy. Almost every "new

school" enables us to gain some profitable suggestions which repay the labor of sifting them out of a large mass of chaff. The Hahnemannists have tried experiments in the treatment of diseases with nothing which we should not have been justified in making, and they have thus taught us something of the natural history of disease. In their progress from infinitesimals to large doses, it has been necessary for them to conceal the change in their medicines, and therefore they have studied the art of giving medicines in the most agreeable or in the least offensive form, and in this respect we can learn something from homœopathy. The old school of practitioners, who, when called to a patient's house, seemed to make it their first duty to fill it with eight-ounce vials, have not entirely passed away, neither have their abominably tasting compounds entirely disappeared. Their big bottles, their table spoonful doses, their nauseous mixtures have driven and still do drive family after family to homœopaths, simply because it is not human nature to desire to drink such a mixture as tincture of aloes and assafœtida with castor oil and turpentine in equal parts, a wine glass full at a time, if almost tasteless water or a sweet powder will accomplish the same good. To doctors, even when they fall sick, an agreeable draught is preferable to one the very thought of which stirs them to their lowest depths.

It is not necessary to point out the mode in which concentrated tinctures can be made to supply the place of less powerful preparations. Neither is it necessary to do more than hint at the frequent desirableness of giving small doses often, rather than a single large draught. A few drops of aconite tincture, in water, is vastly pleasanter than even spiritus mindereri or sweet spirits of nitre. The dose of Norwood's veratrum viride is much pleasanter than infusion or even tincture of digitalis.

But the lesson is more important with reference to powders. For adults, solid substances can usually be given in pill form, but there is no necessity of rolling them in powdered aloes. To this day I cannot rid myself of the remembrance of the disgust with which I used to swallow pills so coated, and with difficulty convince myself that the druggists now use only liquorice or more tasteless powders. Still, for these pills we need not select the most bulky drugs. The active principles of plants, when isolated, aid us in diminishing our pills, and will still more when their powers and properties are fully tested.

Children, however, do not readily swallow pills, and agreeable powders are often a great desideratum while treating them. A child's life may depend upon his taking remedies willingly and without compulsion. Thorough trituration of the drug with sugar seems to accomplish this best, especially if, when it is practicable, the doses are divided, but repeated oftener. The homœopathic dispensatories direct that powders should be placed upon the tongue and allowed to dissolve, when they are to be washed down with a good draught of water. There is some philosophy in this, for the dissolving sugar first gives the impression to the nerves of taste, and the water washes down the balance almost untasted. In the minds of children, more-

over, the first taste seems to be associated with the fact of taking the powder, while the second and more disagreeable one is not remembered against the dosing. To avail one's self of this fact, it is necessary that the sugar should be reduced to an impalpable powder; otherwise the end is not obtained. If, for instance, ordinary crushed or granulated sugar is used, it will be found that it is not an actual powder, but a mass of more or less complete crystals. On mixing a powder with these, it either falls to the bottom, or, clinging to the crystals, coats them over. In this condition the sugar is less readily dissolved than when in powder, and in addition, each crystal is covered on its outside with the drug, which is first dissolved and gives its taste to the whole mass. Here, then, is the advantage, and the only one of the triturations recommended by Hahnemann.

ON A NEW METHOD OF INDUCING PREMATURE LABOR.

BY E. NOEGGERATH, M. D., OF NEW YORK.

In the following communication, I desire to give an account of a new method of inducing premature labor, which was practised, for the first time, as far as I know, in New York, on Monday 2d June, 1856. I wish to draw the particular attention of my professional colleagues to this method, because I am thoroughly convinced that it is superior to other methods, and will hereafter surpass all the different modes resorted to up to the present time.

The question of the induction of premature labor has not been discussed to the same extent in this country as on the European continent. This is readily explained by the fact, that deformities of the pelvis are much more rarely met with in this part of the globe. But the time will come, and is rapidly drawing near, in this country, that the average number of labors ending naturally, without operative assistance, will lessen in a remarkable degree. The immense immigration of a far from wealthy and well-shaped people on the one hand, and the strong tendency to high city life on the other, must show their influence upon the coming generations. How different is the experience of the practitioner of to-day from that of the late Dr. Dewees, of Philadelphia, who enjoyed so large an obstetrical practice! In his "*System of Midwifery*" he states, that he observed only three cases of deformed pelvis during his professional career, while during eight weeks' residence in this city, I have met with the same number of contracted pelves. These three occurred in ten obstetrical cases, which I had partly under my own care, during the absence of Dr. G. C. E. Weber, partly in consultation with him. In one of them a difficult forceps' operation was required; the second one was terminated by the application of the craniotomy forceps; the third one gave origin to the present report.

While in this country but two ways of inducing premature labor are generally followed, viz:—tapping of the fœtal membranes and the

exhibition of ergot—in Germany, France, and England, there are no less than nine methods for accomplishing the same purpose.

They are as follows :—

1. The opening of the membranes.* Macaulay, Kelly, Sched.

2. Dilatation of the os uteri, by the application of compressed sponge. Brunninghausen, Kluge, Simpson.

3. Partial separation of the Chorion from the internal wall of the womb by fingers or instruments introduced into the orifice. Hamilton.

4. Administration of internal remedies, such as secale cornutum, etc. Ramsbotham, Bongiovanni.

5. Plugging of the vagina with lint or an india-rubber bag filled with water. Schaeller, Huter, Braun, (Colpeurynter).

6. Injections of warm water into the vagina by the ascendant douche or the irrigator. Kiwisch von Rotterau.

7. Injections of warm water into the cavity of the uterus.—Schweighauser, Cohen.

8. Application of electro-galvanism to the uterus. Schreiber; Mikschik, Dorrington, Simpson..

9. Application of sucking-glasses to the breasts.

The great number of methods for inducing premature labor, shows that the older ones had to be ameliorated a great deal, as well in regard to promptness as to the safety of the mother and the child. But it would exceed my proposed limits should I endeavor to discuss the value of the different methods. I will confine myself to the report of the case, and some remarks necessary to present our proceedings in its true light.

Case.—Mrs. G. M., born in Germany, living now in New York, presents, in her external appearance, the form of a healthy, well-shaped female, though she is of a rather short stature, and exhibits on a closer examination, the well-known form of knock-kneed rachitic lower extremities.

In her first confinement, which took place about fourteen months ago, she was attended by Dr. G. C. E. Weber. This eminent practitioner was compelled, in this labor, to perform the operation of craniotomy, in consequence of the malformation of the pelvis. He advised her then to be delivered artificially, before the full term, in case of a second pregnancy, not only for her own safety, but because it would afford a chance of her having a living child. The latter circumstance being of considerable importance, induced the lady to follow the advice of her physician. Conception again took place at the end of October, or the beginning of November, 1855, for at that period, her courses, always regular, ceased. She expected, therefore, to be confined during the first week of August, 1856, with which statement we could thoroughly agree upon a first examination made towards the end of May. The superior margin of the fundus uteri was then found between the umbilicus and the processus xiphoides, the womb being equally developed on both sides. The fœtal pulsa-

* We give a chronological succession of the methods; the names adjoined belong partially to the inventors, partially to the chief advocates of the single operations.

tions we could easily observe on the right side, at a level with the umbilicus, while the feet were distinctly felt near the left upper portion of the uterus. Corresponding results were obtained by a vaginal exploration. The pregnancy was decided to have advanced to the end of the eighth lunar month, with a large-sized living child, having a cranial presentation.

The pelvis was a model of rachitic deformity. The promontory of the sacrum protruding forward and towards the left side of the pelvic cavity, diminished the antero-posterior diameter to $2\frac{1}{2}$—$2\frac{3}{4}$ inches, while the lateral diameter remained unchanged in extent; the outlet of the small pelvis was rather enlarged in consequence of the widely open pubic arch and the flattening of the sacral curvature. The whole basin presented but a very small degree of inclination. The general state of health of the patient was satisfactory. On Monday, 2d June, about 11 o'clock in the morning, Dr. G. C. E. Weber and myself proceeded to perform the operation of inducing labor after the method of Schweighauser, Cohen. The woman was placed upon her back with the nates projecting somewhat over the edge of the bed, and the feet supported by two chairs; an elastic catheter, of the ordinary size, was introduced into the mouth of the uterus and pushed upwards, with the intention of bringing the instrument between the anterior wall of the uterus and the fœtal membranes; the point of it entering the womb to the extent of about four inches,—then, with a syringe adjusted to it, we injected about 7 ounces of water, heated to 90° or 100° Fahrenheit. As soon as the fluid touched the internal surface of the uterus, the woman complained of uneasy feeling in the abdomen, and we distinctly felt the uterus in a state of rigidity, which lasted for several minutes. After a time, the finger was removed from the external opening of the catheter, when a portion of the water was rejected through the instrument with considerable force. The withdrawal of the tube was followed by another escape of some water. During the following thirty minutes the uterus was in an almost continual state of contraction with but very few and short intermissions of flaccidity. Besides a slight degree of excitement and little headache, the woman's state of health, as well as her pulse, proved to be unchanged. Towards noon the pains grew stronger, but less in frequency, with long intervals.

At about 7 o'clock in the night, the pains lessened in a degree that we thought it proper to make another injection. This was applied in the same way with the exception that we did not change the ordinary position of the patient in her bed, because the lips of the os uteri were already so much retracted by the previous pains, that the introduction of the catheter would meet with no difficulty at all. Whether the water was injected with a somewhat greater force than at the first time we cannot decide, but it all remained in the uterus, and the operation was followed by a sudden enlargement of the womb. Mrs. M. experienced a very distressing pain in her abdomen; much more so than she did at her former injections. It made such an impression upon her system that she fell into an almost un-

conscious state; the pulse sunk suddenly, so as to be scarcely perceptible; her face instantly became purple, and her breathing very much embarrassed. Half an hour later, when she recovered from these symptoms, she was seized with a violent chill, which lasted for nearly two hours. This was followed by a feverish condition, general heat, and a pulse of 130 in a minute. This alarming state gradually subsided, and a renewed succession of strong uterine contractions commenced. At 7 o'clock, A. M., of the following day, we were told that she endured almost incessant labor pains during the last night. At this time we found that the vaginal cervix had disappeared completely, the os uteri was opened to the size of a silver dollar, the well-filled bag protruded into the vagina with every recurring pain. Now we could ascertain, beyond question, a vertex presentation. At 9 o'clock, A. M., the os uteri dilated to its full extent, and the membranous cyst broke, while it was protruded almost to the external orifice. At that time the vertex was just engaged in the entrance of the pelvis. Passing over the very interesting peculiarities of this cranial parturition, it will be sufficient to say, that it required a full hour of time to bring the head down through the brim of the small pelvis, notwithstanding those tremendous pains, which are only witnessed with rachitic females. But when the greatest circumference of the cranium had passed the upper part of the pelvis, then, one of these violent pains was sufficient to drive the head through the whole cavity, and at once out of the labia externa up to the shoulders. The entire parturition, from the time of the first injection, was achieved in less than twenty-four hours.

The child, though born in a weak condition, was soon brought to the most satisfactory state of breathing and crying. After the placenta was removed by the ordinary manipulations, the uterus proved to be well contracted. The mother's condition was satisfactory, and has continued favorable.

The first man who conceived the idea of inducing premature labor by injection of water into the uterus, was Dr. Tac. Fried. Schweighauser, of Strassburg. In his excellent work, "*Das Gebaren nach der beobachteten Natur*," etc. Strassburg and Leipzig, 1825; he recommends to throw a quantity of warm water into the womb for that purpose. But, as he never seems to have practised it, we must attribute the whole merit to Dr. H. M. Cohen, of Hamburg, who first of all introduced this proceeding into practice. He called the attention of the profession to this method in a thesis written in the year 1846. After this we received by the way of different medical journals, accounts of upwards of 30 cases in which Dr. Cohen's directions were imitated, all of which speak in the highest terms in its favor. The operations did not fail, in one instance, to have the expected result. The expulsion of the child followed from the time of the first injection of water, to an average, in three days, the shortest instance being six hours, the longest six days; the number of injections required was from 2 to 13. Not one case is reported where there were any bad consequences to the mother, while the life of the child proved to be less threatened by this proceeding than by any of the

others. The symptoms of general nervous excitement, witnessed in our case immediately following the injection, have been mentioned by all the different authors, though in a less conspicuous degree. All agree as to their subsiding without any further injury to the patients. The quantity of water to be injected at once was, in almost all the cases, no more than two ounces; the quantity recommended by Dr. Cohen. He also prescribed the use of tar-water, as being somewhat irritating, and, therefore, more prompt in its effect; but afterwards only common water was used, and if heated from 90° to 100° Fahrenheit it will answer all purposes. Instead of the 2 ounces we took 7 or 8 ounces, in order to have a more decided effect, and we introduced the instrument as far as 4 inches into the uterus. The principle requisite for obtaining complete success is, to push forward the tube behind the *internal* orifice of the uterus, so that the point of the instrument, being in the womb, enters a distance of at least 2 inches from the edge of the os, in order to bring the fluid in contact with the internal wall of the body of the uterus itself. The instrument to be used may be any tube that is at hand; an elastic or a metallic, male or female, catheter will answer the purpose. Experience has proved that the operation worked much slower, or even not at all, when the full quantity of the water is poured out again. Therefore, it is advisable to keep the cylinder closed at its lower end for some time until the contraction of the uterus, which immediately follows the injection, is subdued. If, after withdrawing the instrument, water begins to be discharged in considerable quantity, it will be necessary to plug the vagina.

The interpretation of the fact, that premature labor can be induced in this way, is not very difficult. By the contact of the internal surface of the womb with a heterogeneous body (water,) the organ must be excited from its previous inactivity, and, therefore, we see that the injection is immediately followed by a state of uterine rigor; this soon gives way, and genuine contractions set in, in order to remove the fluid. If this is really accomplished in a short time, we see that the pains die away again; but if the water has been injected high enough, and is retained, the contraction will continue. Still, it cannot be doubted that, after a while, the liquid is absorbed, and uterine action would perhaps subside once more, were it not that the separation of the fœtal membranes from the uterus—induced already by the act of injection itself, and advanced by the previous contractions—stimulated the uterus to activity.

A case like this is sufficiently intelligible of itself, and the details of this method are so obvious, that a further exposition of them would be unnecessary. It did not in a single instance fail of immediate success, neither injuring the mother nor jeopardizing the life of the child; it presents all the advantages connected with a labor where the membranes remained entire.—*N. Y. Jour. Med.*

☞ The Library of the Royal College of Surgeons, England, contains over 30,000 volumes.

EXTRACT FROM AN ARTICLE, ENTITLED OBSERVATIONS ON PERICARDITIS.

BY ROBERT LAW, M. D., PROFESSOR OF THE INSTITUTES OF MEDICINE IN THE SCHOOL OF PHYSIC IN IRELAND.

Have we any sign or signs, upon which we can rely as indicating adhesion of the pericardium?

Dr. Hope remarks: "I certainly consider this diagnosis to be one of the very few connected with the heart which cannot be made with absolute certainty, and I never, therefore, venture to assert respecting it."

He further remarks, that by a combination of signs he has succeeded in detecting it:—First, by the heart's beating as high up as natural in the chest, and causing a prominence of the cartilages of the left præcordial ribs. Second, and which he regards as the most characteristic of all, an abrupt jogging or tumbling motion of the heart, very perceptible in the præcordial region with the cylinder. Third, a history of previous pericarditis, especially if connected with acute rheumatism, affords strong presumptive evidence corroborating the preceding signs, and the absence of such history should make the auscultator pause before he ventures on a diagnosis in stronger terms than that it is probable or possible. With regard to the first sign stated by Dr. Hope, I would say, that I have never observed this high action of the heart and prominency of the cartilages of the left præcordial ribs in adhesion of the pericardium, but I have observed them in another morbid condition of the pericardium, in case of effusion into its cavity, when the fluid, gravitating toward the most dependent part, pushed up the organ towards its base, and produced a prominency corresponding to the base, the appearance which Louis designates "voussure." It is the pushed-up heart that forms the prominency, not the fluid, as is generally believed.

As to the second sign proposed by Dr. Hope, I can only say, that his description of an abrupt, jogging, tumbling motion, does not describe the irregular action that I have sometimes observed in cases of adherent pericardium. Dr. Walshe's description of it as a tumultuous, confined action goes nearer to conveying an idea of what I have heard. As I have observed it, it has been a kind of pulling, dragging motion, as if one contraction of the ventricle was resolved into a series of short, abrupt contractions, sometimes so feebly and faintly expressed as if no impulse were communicated to the blood by the heart as it passed through it. The jogging, tumbling motion that I have observed has been in quite a different affection, viz., in the weak, gouty heart. M. Bouillaud remarks: "Je ne connois encore aucun signe qui puisse faire reconnaitre les adherences du pericarde." Dr. Sanders thought he had discovered a positive sign of an adherent pericardium in the retraction or dimple taking place during the systole of the ventricle in the epigastrium immediately below the false ribs, and which he ascribed to the diaphragm being drawn in by the ascending motion of the heart. Dr. Hope observes on Dr. Sanders' sign:—I have searched for this attentively in several cases of ad-

hesion, but have not been able to detect it in any degree that could constitute a sign. Dr. Heim, of Berlin, also proposed this sign. Laennec, speaking of it, says:—"J'ay cherche inutilement depuis deux ans verifier cette observation chez tous les malades qui presentaient quelque signe de trouble de la circulation, et je n'ai jamais pu apercevoir le creux dont il s'agit, et dans le nombre de ces sujets il s'en est trouve plusieurs dont le cœur adherait au pericarde." Dr. Stokes is the last authority to which I shall refer, as being the latest, and who had, therefore, the opportunity of testing the value of the signs of those who preceded him. He remarks:—"I more than doubt that there is any certain physical sign of adhesion of the pericardium, and have never been able to verify the sign of Dr. Hope of the double jogging impulse." I am bound to say, that none of the signs hitherto proposed has done more than to enable us to assert the likelihood of an adherent pericardium.

The sign which I propose, and with confidence, has this advantage, that we need not have followed the disease in its progress, nor do we require to have had any previous knowledge of the case. I have again and again tested its truth by post-mortem examination, as have others to whom I have communicated it, and have found that it may be relied upon. The sign to which I allude is, "*the persistence of the same extent of dulness to percussion in the præcordial region, no matter what position the individual may assume.*" The area of dulness on percussion in the præcordial region will be the same under every varying position of the body. The heart becomes so braced up that it cannot move as it does in its normal state, when, if examination be made, the patient either lying, or sitting, or standing, the results of percussion will vary accordingly, the dulness being greater in the first position, and less in the two latter. The individual himself, also, is quite conscious of the existence of some solid resisting body within his chest, which does not move in the changes of posture of his body, but impedes its motion.

I have proved this sign in cases where I have seen the patients all through their attack of pericarditis, and also in cases where the adhesion had been already formed, and have never found it to disappoint me. I, therefore, claim for it that it is *the physical sign* that may be relied on in proof of an adherent pericardium.—*Dublin Quarterly Journal of Medical Science.—Med. Examiner.*

ON DISLOCATION OF TENDONS.

BY DR. SEBREGONDI.

Dr. Sebregondi, judging from his own observations, believes this accident to be far more frequent than, judging from the little notice of it taken in the manuals, it is supposed to be, it being, indeed, often confounded with partial or complete dislocation or sprain ; and at other times explanatory of the success occasionally obtained by empirics by their manipulation of injured limbs.

The dislocation of the tendon may be either simple or complicated with rupture of the sheath; the consequences in the latter case, especially in diseased subjects, being sometimes very serious. The tendons especially liable to be dislocated are those which run a long course from the muscular belly prior to their attachment, lying, for the most part, in a groove, and either surrounded by a sheath, or protected by the adjoining cellular tissue. To these especially belong the tendons of the long head of the biceps brachii, as also the tendons of the teres major and minor. A case of each of these dislocations is narrated by the author, as also another occurring at the elbow-joint, though this is of much rarer occurrence. The accident is often met with in the vicinity of the wrist-joint, especially at the posterior surface; and is frequently there accompanied by rupture of the sheath, and not unfrequently gives rise to ganglionary formations. The knee-joint is also not unfrequently the seat of these dislocations, the accident not only occurring to the tendon of the sartorius, but also to that of the biceps cruris, in the vicinity of the head of the fibula. The same accident often happens near the ankle-joint, and is frequently mistaken; but ganglionary formation is a far less common result than at the wrist-joint. The author relates an interesting case of dislocation of the tendon of the plantar muscle occurring in a child. —*Berlin Med. Zeit.*— *Virginia Med. Jour.*

REMEDIAL AND ANÆSTHETIC USES OF INTENSE COLD.

BY JAMES ARNOTT, M. D., LONDON.

Although the subjects of remedial efficacy of congelation and local anæsthesia from cold have been for some years before the public, they are as yet but little understood and appreciated. This has resulted partly from their having been imperfectly explained, in consequence of the publications respecting them being severally incomplete, and partly from the strength of the prejudice against extreme cold. Dr. Rowley, who, in his attack on cowpox, declared that the accounts which he had heard of the terrible effects of communicating the "cruel and beastly" disease were enough to "freeze the soul," was probably not more horror stricken than some have been by the proposal to freeze the body; and the introducer of vaccination was hardly more abused than the proposer of congelation has been. It is in the hope that this prejudice may be thereby abated, and the subject rendered better understood, that the following brief statement is published. Even in France, where both the remedial and anæsthetic uses of intense cold have been turned to account for some time by M. Velpeau and other leading practitioners, there is still much doubt about the best mode of applying the agent. In a paper in the Bulletin de Therapeutique of the 15th ultimo, M. Richet, Surgeon of the Hospital Saint Antoine, in Paris, reports thirteen

operations in which local anæsthesia had been produced by the very imperfect means of the quick evaporation of ether.

As no remedy has been longer in use, and a few are more valued than the local application of moderate degrees of cold, or a temperature ranging from that of dissolving ice to about 70° of Fahrenheit, it may at first appear singular that a greater or more powerful remedial effect should not have been sought by increasing the dose of the agent, or employing a lower temperature, in the same manner as we have sought and found much greater remedial benefit in many cases by using mercury, antimony, quinine, and other drugs, in larger doses than had been customary. The reason is, that medical men were under a most erroneous impression respecting the effects of very low temperatures on the body. Because a temperature of zero stops the circulation, and because the vitality of a part has been lost by its *long-continued congelation*, whether caused by exposure to severe cold in winter or by the incautious use of ice in hernia and other diseases, it was hastily and erroneously inferred that there was danger of loss of vitality from *short-continued congelation*. The mistake would not be greater to infer from the fact, because a long-continued stoppage of the circulation through a limb from an improper application of a bandage has occasioned gangrene, that it would be dangerous to use the tourniquet in operations.

The correction of this error will be deemed of no little importance when it is considered that in long-continued congelation, judiciously applied, we have an unfailing means of immediately arresting inflammation wherever it can be reached by the remedy; of not only giving speedy relief from pain in many diseases, but, in consequence of the organic changes produced by it, of obviating the return of pain; and in malignant disease of producing an amount of benefit much exceeding that yet accomplished by other means. Although much inferior in importance to these results, it is yet another great benefit conferred by intense cold, that the pain which would be otherwise caused by the greater number of surgical operations can be prevented by it with perfect safety; and not only can pain be prevented, but the inflammation proceeding from the surgeon's knife, that so often proves fatal, may also be obviated by the same means, and with almost equal certainty. It will be proper to consider the remedial and anæsthetic effects of intense cold separately; but, before doing so, it is necessary to mention how this degree of cold is produced and applied, as well as to attempt an explanation of its mode of operation.

The degree of cold may be called intense which immediately benumbs the part to which it is applied, speedily stops the circulation through it, and congeals the adipose matter. I have usually produced these effects by placing what are termed frigorific mixtures either immediately in contact with the skin or mucous membrane, by means of a net of thin gauze containing them, or by allowing them to act through thin bladders or metallic vessels of appropriate form; but there are various other ways of effecting the same object, some of which are preferable for certain purposes. Substances passing rapidly

from the solid to the fluid, or from the fluid to the æriform state, strongly abstract caloric from other bodies in contact with them; and substances, either solid, fluid, or æriform, already sufficiently cooled by artificial means, may be placed in contact with the part; the first, as solid metallic balls of appropriate shape; the latter two, when forming strong currents. When cold is produced by the common frigorific mixture of ice and salt, and applied by means of a gauze bag or net, the following is a convenient mode of proceeding: If the congelation is not to be extensive or long continued, a piece of ice of the size of a large orange will be sufficient. This is well pounded in a coarse cloth or bag, and the powder, being placed upon a large sheet of paper, is thoroughly mixed, by means of a paper-folder, with about half its weight of common salt. The mixture is then put into a net of about four inches diameter, and as soon as it begins to dissolve it is ready to be applied. The net is not kept motionless on the part, but is frequently raised in order that fresh particles of the mixture may be brought in contact with the skin; and the water that escapes from it may be absorbed by a sponge, or allowed to fall into a basin placed underneath. If the surface to be acted upon is of small extent, a very thin and large copper spoon containing the mixture, or a solid brass ball of about a pound weight, which has been immersed in ice and salt, will often answer, and be a neater mode than the net.

The moment a gauze net or a thin metallic vessel containing ice and salt is applied to the skin, it is benumbed. There is hardly a sensation of cold produced, and no tingling or smarting. If the contact of the frigorific be continued a few seconds longer, the surface becomes suddenly white, in consequence, doubtless, of the arrest of the circulation; and this change of color is attended with a slight smarting like that produced by mustard. There is now complete anæsthesia, which, if the frigorific were removed, would remain complete for several minutes. But if the frigorific be allowed to act, another change is produced—the adipose matter under the skin is congealed, and the part becomes hard as well as white. The depth to which the benumbing influence of cold will extend depends upon a variety of circumstances, as the degree of cold, the duration of the application, the vascularity of the part, whether pressure is used or the circulation is suspended, etc. After the usual application of cold for anæsthesia, the circulation soon returns to the part, and the skin assumes a red color, which lasts for several hours. If the congelation has been considerable, there is now some smarting felt, unless the natural heat be more gradually restored by pouring cold water on the part, or by placing on it a little pounded ice, or a bladder containing iced water. If the application has not exceeded the first stages, there is no smarting, and no necessity, therefore, for such precautions.

The redness produced does not, as might at first sight be supposed, indicate an inflammatory condition, but the very reverse. The tonicity of the small arteries appears to be lessened or suspended for a time, and, instead of being inflamed, the part is rendered unsus-

ceptible of inflammation. Parts cut after congelation heal by adhesion or the first intention more quickly than they otherwise would; and, as has already been said, we possess in this expedient a certain and prompt remedy for every inflammation accessible to its complete influence.

I. Remedial Uses of Intense Cold.—The remedial qualities of intense cold may be described as antiphlogistic, anodyne or sedative, and specific; and it is useful in the diseases for which other remedies possessing these qualities have been employed, viz: in inflammatory, painful or irritative, and malignant diseases. The circumstances which limit its application in these is the impossibility of extending its influence beyond a certain extent or depth, although it is certain, from its effects in deep-seated disease, that this influence, whether it be direct or sympathetic, is more extensive than would at first be supposed. It may be laid down as a rule that in every case in which the local application of moderate degrees of cold has been found of service, the use of well-regulated congelation would prove much more useful; and in those diseases of similar character, in which moderate cold has not been employed from the idea that their seat was beyond its reach, congelation might be tried with reasonable hope of success. Intense cold has this immense advantage over other powerful remedies of the same class, that it may be used with impunity—if it does no good it will do no harm. Who will venture to affirm this of bleeding, mercury, antimony, opium, chloroform, arsenic? Neither in my own practice nor (as far as I can learn) in the practice of others has there been any untoward result from the use of congelation. Its action being confined to the diseased part, and not uselessly expended on the rest of the system, affords the explanation. Other topical remedies have much the same character for safety, but what other expedient of this class has a tenth part of the power of intense cold?

Instead of enumerating the diseases in which this agent has been employed according to the above classification, I shall mention, first, those in which it has been more or less successful; and, second, those in which it might, reasoning from analogy, be tried with hope of advantage. In administering intense cold as a remedy, the common or a more powerful frigorific has been generally applied directly to the part, or with the intervention only of the thin gauze containing it; and the duration of the congelation has been from one to ten minutes.

In the spring of the year 1850 I requested the house-surgeon of the Brighton dispensary to apprise me of every case of acute lumbago that came under his notice, and in all of these, amounting to nine, I employed congelation with perfect and permanent success. The net containing the ice and salt was passed to and fro for five minutes, over a surface of about eight by four inches, the skin being blanched during the whole of this period. In only two or three cases was it necessary to apply the remedy twice. Several of the patients rose immediately afterwards from their beds, to which they had long been confined. In most cases of chronic rheumatism the remedy has been

equally successful; and this, on account of the frequency of the disease, is one of its most valuable applications. Sciatica has generally yielded to it, but by no means so easily. In acute rheumatism the local inflammation of the joints is, by this means, invariably and completely relieved, and that portion of the accompanying fever thence arising is consequently removed. The disease, thus treated, will run a painless course of about a week's duration. In no case, of about a dozen in which congelation was almost exclusively employed, was there extension of inflammation to the heart; and I am persuaded that the best plan of preventing this is to subdue the inflammation of the joints from which it generally originates. I did not use the remedy in cases where the heart was already affected, though I have since learned that congelation is employed in the hospital at Vienna (where it was introduced some years ago by Dr. Waters, of Chester,) as an application to the chest of rheumatic carditis. That this affection of the heart would occasionally occur during the treatment of acute rheumatism by congelation is very probable, because it often arises, as the same affection of the joint does, from a morbid condition of the blood, over which the remedy can have no control; and that such an occurrence, in the present feeling on the subject, would be called metastasis from cold is very certain; but I am convinced that it will yet be acknowledged, though probably after many years, that this affection would be much decreased in frequency by the adoption of many means capable of quickly subduing the accompanying arthritis. When it is considered what an immense amount of eventual mischief arises from the organic diseases of the heart that occurs under the common modes of treating rheumatic fever, to say nothing of the patient's present sufferings and tedious confinement, it is to be lamented that prejudice should oppose any measure of great promise. In the rheumatic gout the relief has been as marked from congelation as in lumbago. In ordinary inflammation of the joints it has also been exceedingly useful. Ophthalmia has been immediately cured by keeping the frigorific in contact with the gently-closed eyelid for three or four minutes. Glandular inflammation in the neck and groin yield to a high degree of cold with equal facility. I have been told that in orchitis its beneficial operation is immediate; and I have little doubt that from its closeness to the surface, the urethral inflammation causing orchitis would be quickly suppressed. Congelation has often at once converted an irritable into healing ulcer, though sometimes the patient has complained of the operation. It is probable that had the salt in the mixture been prevented from coming in contact with the irritable surface, this would have been in a great degree prevented. Certain acute inflammatory affections of the skin are equally under its influence, as erysipelas, eczema, impetigo. It has not often failed in prurigo, but in only one case of psoriasis has it appeared to be of service. Painful nodes are at once relieved by this means and the inflammation subdued. I have only used congelation in carbuncle as an anæsthetic previously to cutting it, but it is probable (judging from its effects in severe boils) that the incision might have been

dispensed with. It has been mentioned to me that severe cold has been employed with the same view in whitlow, of which it is certainly a sufficient cure. The inflammation following sprains, contusions, and other similar injuries is perfectly under its influence; and the same may be said of burns. In one of my publications on the subject I have related the excellent and speedy effect of congelation in a case of meningitis, and also in a case of peritonitis. I have not had the opportunity of trying it in other affections of this description. Headache of various kinds has at once yielded to the application, for a minute, of a frigorific over the painful part; and in neuralgia affecting the side it has generally proved efficacious. In neuralgia attacking the face and other parts it has often succeeded and often failed. If the seat of the disease be deep in the brain, little can be hoped from its remedy, although there are a few obstinate cases of neuralgia in which it does deserve a trial. Toothache is generally at once relieved by it if properly applied; and there is no remedy for the painful affection of the mouth caused by mercury comparable to congelation. A spoonful of dissolving ice and salt is repeatedly put into the mouth, until it becomes benumbed. In one case of severe scurvy of the gums, where I feared a loss of the teeth, extensive congelation of the gums immediately arrested the disease.

In many of the diseases just enumerated the promptness of the cure is as remarkable as its certainty. In military and hospital practice this advantage is very prominent.

In cancer the effects of congelation have been various. From my own experience and that of others, I think that in its early stages, and when from its size the tumor can be thoroughly brought under the influence of the remedy, it will be cured by it. In all stages the progress of cancer will be arrested or retarded, and the pain accompanying it assuaged. The difficulty in advanced cases is to cause a sufficient degree of cold to pervade the tumor. The French translator of a recent paper of mine on the subject (l'Union Medicale for May,) thinks that the frequent occurrence of cysts in cancerous tumors may facilitate this. But if layer after layer is acted upon it may be enough. In cancer of the womb the frigorific is applied by means of a speculum, and one stronger than ice and common salt will generally be required. The opinions of Dr. Hughes Bennett respecting the nature of cancer have much influenced the mode in which I have used congelation in its treatment. M. Velpeau states, in his recent elaborate work on the diseases of the breast, that he has employed *long-continued* congelation as a substitute for caustic in cancer; but of this effect of the agent I have no knowledge.

There are other diseases in the treatment of which severe cold would probably be very useful. It might be applied with such a hope to the spine in tetanus, or to the scalp in certain varieties of mania. After gunshot and other severe wounds it would prove a powerful preventative and cure of inflammation. Even in pleuritis and other deep-seated inflammation of the chest, as well as in various uterine affections, benefit might rationally be expected from it. In

two cases of epidemic cholera I administered a succession of draughts of a temperature of about 25° of Fahrenheit, with apparently excellent effect; and I cannot doubt that the application of cold to the interior of the stomach—which, as appears by the recently published report of the College of Physicians, is the only treatment of cholera which has been unanimously approved of—has not been carried far enough. If the irritation of the mucous membrane be considerable, (as it must be to account for the exhausting and fatal discharges,) the temperature of ice merely is not sufficient to subdue it.

II. Anæsthetic Uses of Severe Cold.—As patients now expect to have every operation performed without pain, both they and their surgeons will be glad to have an easy and agreeable means of accomplishing this, in all the common operations, unaccompanied with the dangers of chloroform. What can be less troublesome in opening an abscess, for instance, or making a cutaneous incision, than touching the skin for a moment with a small brass ball that has been immersed for a few minutes in ice and salt, or a thin spoon filled with such a mixture? It is true that in deep-seated operations such a means can only suspend the sensibility of the skin; but it is the incision of the skin which constitutes the most painful part of every operation; and if this be benumbed, a smaller, and consequently less hazardous, dose of ether or chloroform than has usually been administered would be enough to remove the sensibility of the other tissues. These deep-seated operations, however, constitute a small minority, and if the list of recorded deaths from etherization be referred to, (now amounting to more than fifty,) it will be found that in three-fourths of the number complete anæsthesia might have been produced with perfect safety by cold.

M. Velpeau, who introduced anæsthesia from cold into France, has, in a lecture on the subject recently reported in the Gazette des Hopitaux, expressed the doubt whether in some operations the hardening of the tissues by this means might not prevent their being cut with ease. I have not found this to be the case, nor does he himself allude to this supposed disadvantage when, in his work on diseases of the breast, he mentions that he has excised tumors after anæsthesia from cold.

The fear of reaction I have already adverted to in the prefatory observations. Instead of reaction being produced, the anæsthetic is a preventative of inflammation from the wound; and were it used for this purpose alone it would be invaluable.

Local anæsthesia from cold may, as has already been observed, be produced in a great variety of ways. Some of these may be applied so as to cause immediate congelation, but it is questionable whether the anæsthesia is not more extensive and lasting when more slowly caused. Such details, however, are unsuited to the general view of the subject intended by the present communication, which, I fear, has already exceeded its proper bounds.—*Edinburgh Monthly Journal of Medical Science, & Nashville Jour. of Med. and Surg.*

EDITORIAL AND BOOK NOTICES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN AND CHILDREN. By GUNNING S. BEDFORD, A. M., M. D., *Professor of Obstetrics, the Diseases of Women and Children and Clinical Midwifery in the University of New York.* Fourth edition. Published by SAMUEL S. & WILLIAM WOOD, 389 Broadway, New York. 1856.

Having formed for ourselves decided opinions on the value of clinical instruction, as imparted to young men in the public institutions in our own country and in Europe, with rare exceptions, I find it not an easy task in forming an estimate of the merits of the lectures delivered to them in any case, to dismiss from my own mind the influences of an adverse prejudgment affecting the one, so that it shall not lend its hues to any opinion I may have to express in relation to other. I hope, however, in expressing my opinions of the merits of Professor Bedford's book on the Diseases of Women and Children, not to transfer to it or to its author any of that sentiment of distrust in the utility of his efforts, with which I contemplate the ill-adapted arrangements made for practically illustrating at the hospitals the principles inculcated in the lecture rooms of the medical schools in the United States.

This book is not to be measured by the ordinary standard of value; it occupies an extraordinary position, liable on the one hand to be condemned for want of arrangement and for want of completeness in its parts, and on the other to be overpraised by those who examine separately the various topics of which the different lectures are composed.

Persons who look to the uses of correct mental discipline and the importance of habits of order in medical education as well as in general culture, will constitute the class who may unreasonably condemn it, whilst its greatest admirers will be found among the inexperienced students and the hurried practitioners.

Although the work is not written upon the plan we would most approve, the author having followed the order in which the subjects presented themselves in his clinique, we must concede to it the merit of clearness of style and of novelty in its arrangement, and to its author the possession of a large intelligence and the exhibition of tact in the management of his subjects.

We deem it sufficient to say of the mechanical execution of the work, that it bears the impress of the Messrs. S. S. & W. Wood.

NEW ELEMENTS OF OPERATIVE SURGERY. By ALF. A. L. M. VELPEAU, Professor of Surgical Clinique of the Faculty of Medicine of Paris, Surgeon of the Hospital of La Charité, Member of the Royal Academy of Medicine, of the Institutes, &c. Carefully revised, entirely remodeled and augmented with *A Treatise on Minor Surgery;* illustrated by over 200 engravings, incorporated with the text; accompanied with *an Atlas in Quarto of twenty-two plates*, representing the principle operative processes, surgical instruments, &c. Translated with additions by P. S. TOWNSEND, M. D., late Physician to the Seaman's Retreat, Staten Island, N. Y. Under the supervision of and with notes and observations by VALENTINE MOTT, M. D., Professor of the Operations of Surgery, of Surgical and Pathological Anatomy in the University of New York, Foreign Associate of the Académie Royale de Médicine of Paris, of that of Berlin, Brussels, Athens, &c. Fourth edition, with additions by GEORGE C. BLACKMAN, M. D., Professor of Surgery in the Medical College of Ohio, Surgeon to the Commercial Hospital, &c. In three volumes. 8vo. New York: SAMUEL S. & W. WOOD, 389 Broadway, 1856. Price $15, free of postage.

To the surgical student it will be a source of gratification to learn that a new edition of the celebrated "Operative Surgery" by M. Velpeau has been issued by the Messrs. Woods of New York. When we say that it is a perfect encyclopædia of the science, we still fail in expressing the vast amount of knowledge and erudition comprised in its pages.

As our readers are aware, the first edition of the work was translated by Dr. P. S. Townsend, and brought out with additions and under the revision of Dr. Valentine Mott, who justly holds the rank of the Nestor of American Surgery. This, the second, edition has been supervised by Dr. George C. Blackman, of Cincinnati, O., in which he has shown himself well versed in surgical literature. The additions which he has made in the text, are inclosed in brackets, and we can only say that they are judicious; and the appendix at the end of the third volume, of more than one hundred pages, brings it up to the present time, both in European and American surgery.

The whole work consists of 2874 closely printed pages, exclusive of an atlas of 22 plates, with explanations of the figures.

The whole is brought out by the publishers in a handsome manner, and together with the vast amount of new matter added, renders it vastly superior to its predecessors.

Mott's Velpeau, by Blackman, is truly the surgery of the day, and

to all who have any desire to be posted in all that pertains to the science of surgery, we can recommend it as the most comprehensive work of the kind in the English language.

Our thanks are due to the Messrs. Wood for the early receipt of the copy, and we trust that their endeavors to furnish the medical world with first class medical publications, will mete them out a just and merited reward.

DIGESTION AND ITS DERANGEMENTS. THE PRINCIPLES OF RATIONAL MEDICINE APPLIED TO DISORDERS OF THE ALIMENTARY CANAL. By THOS. K. CHAMBERS, M. D., *Fellow of the College of Physicians, Physician to St. Mary's Hospital, &c. &c.* Published by S. S. & WM. WOOD.

This work is an American reprint from the English edition. It is in octavo form, contains upwards of 400 pages, bound in board, and is neatly executed, affording a very convenient and well appearing volume for the library. Thus much for its mechanical execution and external qualities.

Aside from the intrinsic merits of this book, we like it, because we have a profound partiality for monographs, and in the present fecundity of the press of this kind of offspring, in the department which this fills there has been a void which we have felt the need of being supplied. This preference arises from the fact that in a work, the product of a unity of investigation, the information imparted will be more complete and cover the whole range of the subject, and is consequently more reliable for reference and the subjects of inquiry more accessible.

This work is divided into two sections—the first of which, *Digestion*, is a summary of what is known thus far of the physiology of the various parts concerned in this function; the second section, *the Derangements of Digestion*, is designed to be complementary to the first, taking up in the same order the parts whose physiology has been illustrated in the first section by chapters, and is devoted to the consideration of the pathology and treatment of their various derangements. The amount of space devoted to many of these derangements, even to those of great importance, we regard as very meagre, and that much more might have been profitably added; still there is *multum in parvo*, and very scant useless occupation of space.

Another thing as respects this work, which we very much admire, is, that in his classification of "derangements," the author has not been guilty of that prevalent pedantry and assumption of originality

in manufacturing novel words, no more expressive and less intelligible than those which have already become classical. He says: "I have been careful not to manufacture any novel words from dead or living sources, and have adhered to those established in classical English." His style is pleasing, and his remarks on pathology and treatment of particular derangements is illustrated by reference to and history of cases, which are very entertaining to the reader.

The work is very readable, and is good authority on the subjects of which it treats. A great advantage also being, that in it is brought together the results of the investigations of many authors, as he says, the bringing together of the *disjecta membra* of recent observations on digestion, which elsewhere the student would have to search through various works of the latest physiologists to arrive at. The design of this arrangement being not only to draw attention to the important function which is the subject of the treatise, but also to offer an example of that mode of treating of pathology and treatment of disease founded upon scientific observation of the laws of health, which the author says can alone be entitled to the name of "*rational medicine*," wherein it will be observed, he differs wholly from the views of M. Renouard whose recent work has received so much of the plaudits of the profession, and has been claimed by the "empirics" as proof infallible of the rationalism of their dogmas.

The book is a valuable contribution to the literature of medicine.

A Treatise on Therapeutics and Pharmacology or Materia Medica. By George B. Wood, M. D., late President of the American Medical Association, President of the College of Physicians of Philadelphia, Professor of the Theory and Practice of Medicine in the University of Pennsylvania, Senior Physician of the Pennsylvania Hospital, one of the Authors of the United States Dispensatory, Author of a Treatise on the Practice of Medicine, &c., &c. In two volumes, 840 and 902 pages. Philadelphia: J. B. Lippincott & Co. London: Trubner & Co. 1856. For sale in Detroit by Raymond & Selleck.

It is with gratification that we call the attention of our readers to the above work by Professor Wood, and we commend it to the attention of all our readers. Of its merits it is not now our intention to discuss; it is sufficient for the profession to know that it is by the same author as the "Practice of Medicine," known as "Wood's," and by one of the authors of the United States Dispensatory.

In the language of its talented author, "this is probably the last professional treatise that he will write. He asks for it only the same kindly consideration which he has had occasion to acknowledge for his other works, and which has bound him to the profession by the strong ties of gratitude, in addition to those of duty and affection."

The above work of Dr. Wood truly demonstrates the fact that for a treatise on Materia Medica it is not necessary for the American reader to traverse the broad Atlantic, inasmuch as American talent has produced a work which will avoid all future necessity.

We promise at some future time to again bring it before our readers.

ESSAYS ON THE PHYSIOLOGY OF THE NERVOUS SYSTEM, WITH AN APPENDIX ON HYDROPHOBIA. BY BENJAMIN HASKILL, M. D., *of Rockport, Mass.*

We thank the author for an opportunity of reading this interesting monagraph on the offices performed by the nervous system. The gratification incident to its perusal has been enhanced, not so much by coincidences in our views on the physiology of his essays, as by a communion of apprehension, that the doctrines inculcated by our most distinguished physiologists, as well as physio-chemists, are tending strongly to the establishment of materialistic views in philosophy, to the inculcation of erroneous opinions in religion, and to great mistakes in the theory and treatment of the subject of insanity.

The opinions of the writer on the relations of mind to organism may be learned from the following extract:

In the light of the principles now indicated, I wish to present to the consideration of all interested in this important subject, what I am unwilling to estimate as any thing less than a two-fold refutation of the views generally entertained in regard to the nervous system. I propose to disprove them, by presenting a view of the connection between the mind and the nervous system, founded on the plain and obvious powers and laws of the former, as revealed by consciousness; acting by means of the simple and natural properties which spring from the structure of the latter: and by showing, in contrasting it with the prevailing theory founded on the doctrine of vital endowments of nerves, that, while it accounts for every fact which that accounts for, it accounts for many which a true system ought to explain, but which the one in question does not reach, and others again, which are in direct contradiction of it. These will comprise the most important facts in the anatomy, physiology, and pathology of the nervous system. I shall farther confirm this disproof by pointing out various errors, inconsistencies, and absurdities, into which the most ingenious minds have been led by adopting and following out this theory.

In the second place, I shall endeavor to prove that, though the theory just mentioned gave a tolerable account of the facts, so unphilosophical is the nature of the assumptions, and so imperfect is the positive evidence brought forward in support of the idea of vital properties, that no good reason exists why we should regard them as really existing.

On the Diseases of Infants and Children. By Fleetwood Churchill, M. D., M. R. I. A., *Hon. Fellow of the College of Physicians in Ireland, Hon. Member of the Philadelphia Medical Society, &c., &c.* Second American edition, enlarged and revised by the author. Edited, with additions, by Wm. V. Keating, M. D., *Physician to St. Joseph's Hospital, Fellow of the College of Physicians, &c., &c.* Philadelphia: Blanchard & Lea, 1856. 735 pp.

Through the publishers, Messrs. Blanchard & Lea, we have received a copy of this most excellent work. We say excellent, because we believe it has no superior of its kind. This is the second edition and has been carefully revised by the author. The first edition was originally produced at the solicitation of the American publishers, and it is a fair comment on the value with which it is held by the medical public, that another edition should so soon be called for. The present edition has been carefully revised by the author, and nothing retained or left out to hinder it from being the most complete of any work on the subject. Consequently but little has been left for the American editor to do. Such additions, as he has thought fit to make, will be found inclosed in brackets, to distinguish them from the text. Much new matter has been added to the present volume, so that 100 pages have been added to the first edition.

The typography of the book does credit to the publishers. We wish we could say as much *of the binding*, which is in muslin with light boards. For a work, so much consulted as this must necessarily be, it should be in the best class of medical binding; otherwise it soon comes to pieces, and the book is lost, as to have it rebound by those living in the country will cost half as much as the original work. To be sure, muslin looks well, but for such a work as "Churchill on Children," we think the publishers would have done better to have presented it in the usual form of *good medical binding*.

The contents of the book embrace fully the subject, to which is added also a copious index of authors and works consulted. It should be in every practitioner's hand.

For sale by Raymond & Selleck, Detroit.

THE PRINCIPLES AND PRACTICE OF OPHTHALMIC MEDICINE AND SURGERY. By T. WHARTON JONES, F. R. S., *Professor of Ophthalmic Medicine and Surgery in the University College of London, Ophthalmic Surgeon in the Hospital, &c., &c.* With 110 illustrations. Second American edition, with additions from the second and revised London edition. Philadelphia: BLANCHARD & LEA, 1856. For sale in Detroit by RAYMOND & SELLECK.

The above excellent manual, already known to the profession through a former edition, has again made its appearance on our table through the liberality of its publishers. It has been materially improved by its distinguished author and has passed through the American press under the supervision of Dr. Edward Hartshorne.

The work is entirely a practical one and will serve not only as a text book for students, but as a work of reference for practitioners. It is a handsome duodecimo volume of 500 pages and illustrated by 110 engravings on wood. To it is added a copious index and glossary of all the terms used in ophthalmic medicine and surgery.

From the examination we have been able to give the work, we can safely commend it to the medical community as worthy of their patronage, believing that it is equally as acceptable as the more extended works of McKenzie and Lawrence.

MONOGRAPHS AND PAMPHLETS.

REPORT OF THE EASTERN LUNATIC ASYLUM IN THE CITY OF WILLIAMSBURG, VA., 1853–54 AND 1854–55. Williamsburg, Va.: HERVEY EWING, Printer, Gazette Office, 1856.

We are indebted to Dr. John M. Galt, Sup. and Physician of the above asylum, for a copy of the annual report. From this we learn that the institution is in a flattering and healthy condition, and presents a satisfactory and most gratifying exhibition of its management.

The Superintendent recommends "as much freedom from restriction, as is consistent with the safety of the patient, inasmuch as it tends to divert the mind from morbid thoughts and reflections."

The number of patients at present is 232, viz. 128 males and 104 females.

The attention of the General Assembly is respectfully solicited, as concerns the propriety of establishing an Asylum for Idiots, either in connection with or contiguous to the Insane Asylum.

In reference to the necessity of having large, well built and liberally endowed institutions, the Superintendent quotes "as worthy of

attention the position assumed by the trustees appointed in relation to the charities, severally for the deaf mute, for the blind and for the insane in the State of Michigan."

In the second report of this body, dated Flint, November 1st, 1854, is the following bold assertion: "It may be laid down as a principle that there is no such thing as a just and proper curative or ameliorating treatment of the insane in cheaply constructed and cheaply managed institutions."

The report is ably got up and gives a full and succinct account of the institution. It is embellished with three views of the asylum, North, West and East, and printed with a clear type on handsome paper. We trust, its career of usefulness is *onward, still onward.*

TRANSACTIONS OF THE ILLINOIS STATE MEDICAL SOCIETY FOR THE YEAR 1856.

The transactions of the above society fill a pamphlet of 92 pages. 12 pages are devoted to the business of the society, 60 pages to the report of the Committee on Practical Medicine, by Dr. Samuel Thomson of Albion, Ill., and the balance with the list of officers and members to the President's (Dr. N. S. Davis) address. The meeting was held at Vandalia, and for 1857 will be in Chicago, Dr. Noble President.

The transactions are very well prepared, but show, from their being but one report, a lack of active interest by its members.

THE AMERICAN JOURNAL OF INSANITY. *Edited by the Medical Officers of the New York State Lunatic Asylum, Utica, N. Y.*

The October No. of this able Quarterly is before us, and contains for its leading article a paper "On the Legal Rights and Responsibilities of the Deaf and Dumb, by Harvey P. Peet, LL.D., President of the N. Y. Institution for the Deaf and Dumb." The paper has been ably revised by the Hon. Charles P. Daly, Judge of the Court of Common Pleas in the city of New York, and to whom the author is indebted for the references to the oriental code, and English and American common law cases cited.

The communication occupies 96 closely printed pages of the Journal.

We cannot too highly recommend the Article and the Journal to the Profession, both of Law and Medicine, believing that the more a correct knowledge of all that pertains to those unfortunates of our race who are Insane, Deaf and Dumb, or Blind, cannot be too widely

minated. Terms, $2.50 in advance.

THE AMERICAN JOURNAL OF DENTAL SCIENCE. Published quarterly, and edited by CHAPIN A. HARRIS, M. D., D. D. S., and A. SNOWDEN PIGGOT, M. D., Philadelphia. 136 pages per number. Terms $5, payable in advance.

THE DENTAL REGISTER OF THE WEST. Published quarterly. Edited by J. TAFT and GEO. WATT, Cincinnati. 152 pages. Terms $3 in advance.

The October numbers of the above able journals have been received, and we are glad to see so much enterprise and talent displayed by their respective editorial corps. Both journals labor to impress upon their readers the necessity of a thorough knowledge obtained by a systematic education in the sciences of Anatomy, Physiology, Pathology, Therapeutics, Materia Medica and Chemistry, besides all that pertains to the mechanical part of the art.

We are glad to see this spirit and trust that it may be disseminated to the total destruction and eradication of the entire series of dental quacks, who hang as an incubus upon the progress of true dental science.

To PUBLISHERS.—We would suggest to those sending us books for notice and review, that it would be well to send us the *retail prices of the same*, as many of those who purchase, could at once remit the amount without waiting to learn first how much to send.

ANNOUNCEMENT OF THE BUFFALO MEDICAL COLLEGE.—The Faculty of this Institution is composed as follows:

Chas. B. Coventry, Emeritus Professor of Physiology and Medical Jurisprudence.
Chas. A. Lee, Professor of Materia Medica.
Jas. P. White, Professor of Obstetrics and Diseases of Women and Children.
Frank H. Hamilton, Principles and Practice of Surgery and Clinical Surgery.
Geo. Hadley, Chemistry and Pharmacy.
Thos. F. Rochester, Principles and Practice of Medicine.
Sanford B. Hunt, General and Descriptive Anatomy and Physiology.
Austin Flint, Clinical Medicine and Pathology.
Edward M. Moore, Surgical Anatomy and Surgical Pathology.
Chas. Ap. A. Bonen, Demonstrator of Anatomy.
Edward L. Holmes, Assistant in the Department of Clinical Medicine.

With such a Faculty, we think, the University of Buffalo should command success, without feeling obliged eternally to HUNT its neighbors.

Medical College, University of Michigan.—The intelligence received from Ann Arbor furnishes gratifying evidence of the prosperity of this department of the University, and strengthens our belief in the soundness of its organization and the correctness of the principles on which it is based. We are informed that the number of matriculants on the first day of the present term was just twice as great as the entries upon the records of the faculty on the first day of the term commencing in 1855.

A Summons.—The following document was recently put into our hands by a young man who came into our office, polite as a collecting agent, and selected it from a package of similar ones, all having the appearance of bills of merchandise. We generally pay *our* obligations and have a great horror of duns; but at this time our portemonnaie felt as light as ether, and looked, as yankee says, like an elephant had trod on it, which circumstances made us feel uneasy. Our unpleasant feelings, however, were alleviated on further inspection, which revealed the import of the paper as follows:

The President of the United States of America,
To the Marshall of the District of Michigan,
GREETING.

You are hereby commanded, that you summon Zina Pitcher, Wm. Brodie and Edward P. Christian, who are citizens of the State of Michigan, and Alonzo B. Palmer, who is a citizen of the State of Illinois, if they shall be found in your District, to be and appear in the Circuit Court of the United States of America, for the District of Michigan, to be held at Detroit, in the said District, before the Judges of the said Court, on the first Monday of December next, to answer unto Henry Goadby, who is an alien and subject of the Queen of Great Britain and Ireland, in a plea of trespass on the case to his damage five thousand dollars, and have you then and there this writ.

Witness, the Hon. Roger B. Taney, Chief Justice of the Supreme Court of the United States, this thirty-first day of October in the year of our Lord one thousand eight hundred and fifty-six, and of our Independence the eighty-first.

Jno. Winder, *Clerk.*

From the above our readers will perceive that the proprietors of the *Peninsular Journal of Medicine* have been ordered to appear in the Circuit Court of the United States, for the District of Michigan, to answer to a charge for libel at the suit of "*Henry Goadby*, who is

an alien and subject of the Queen of Great Britain and Ireland," and senior editor of the *Medical Independent.* The trespass complained of being in an article in this Journal, page 153 of Vol. 4, No. 3.

Whatever the results of the litigation may be, our readers will at once perceive, (we mean those in arrears,) that we will need *money* to carry it on, and also to keep the Journal in full blast, as we intend it shall. There is a large outstanding balance for subscriptions which we now hope speedily to receive, and which will be immediately acknowledged. The *Peninsular* was never in a more healthy condition financially than at the present time, as we know not of a single dollar against it. To all we therefore respectfully ask *to pay up.*

MISCELLANEOUS.

☞ The following circular is put forth by the Sydenham Society of London. The Medical world owes a debt to this Society for its labors in publishing some of the most important works which have ever been written, which otherwise might never have been made available to the Profession, or at least obtainable at great expense, and which are now within the reach of every practitioner. Besides many modern works of great value, they have issued the works of some of the Fathers in medicine, books valuable for their contents as well as for their age. The circular interprets itself:

THE SYDENHAM SOCIETY OF LONDON.—This Society was instituted in 1843, with the view of supplying its members with Standard Medical Works. The subscription, constituting a member, is five dollars annually, payable in advance. The following extracts from the Laws will explain the objects of the Society:

I. The Society is instituted for the purpose of meeting certain acknowledged deficiencies in existing means for diffusing medical literature, which are not likely to be supplied by the efforts of individuals, and shall be called the "Sydenham Society."

II. The Society will carry its objects into effect by a succession of publications, embracing, among others: 1. Reprints of standard English works, which are rare or expensive; 2. Miscellaneous selections from the ancient and from the earlier modern authors, reprinted or translated; 3. Digests of the works of old and voluminous authors, British and foreign, with occasional biographical and bibliographical notices; 4. Translations of the Greek and Latin medical authors, and of works in the Arabic and other Eastern tongues, accompanied, when

it is thought desirable, by the original text: 5. Translations of recent foreign works of merit; 6. Original works of merit, which might prove valuable as books of reference, but which would not otherwise be published, from the slender chance of their meeting with a remunerating sale — such as bibliographies, alphabetical and digested indexes to voluminous periodical publications, &c.

Three volumes, handsomely bound in a uniform manner in cloth, gilt edged, are usually issued in the year.

List of the Society's Works, of which copies are still on hand, and from which new members, subscribing for the current year, may make a selection, on payment of an additional five dollars for any three volumes, with the exception of those to which an asterisk is affixed. Those to which an asterisk is affixed, or any other single volume, may be had for $2.50 per volume.

Sydenhami Opera Omnia. 1 vol.
Hasse's Pathological Anatomy. 1 vol.
Rhazes on the Smallpox and Measles. 1 vol.
The Works of Hewson. Portrait and plates. 1 vol.
Dupuytren's Lectures on Diseases and Injuries of Bones. 1 vol.
Dupuytren on Lesions of the Vascular System, &c. 1 vol.
Memoirs of the French Academy of Surgery. 1 vol.
Feuchtersleben's Medical Psychology. 1 vol.
Microscopical Researches of Schwann and Schleiden. 1 vol. Plates.
The Works of W. Harvey, M. D. 1 vol.
The Genuine Works of Hippocrates. 2 vols.
Essays on Puerperal Fever and other Diseases Peculiar to Women. 1 vol.
The Works of Sydenham, translated from the Latin. 2 vols.
Unzer and Prochaska on the Nervous System. 1 vol.
Annals of Influenza. 1 vol.
Romberg on Diseases of the Nervous System. 2 vols.
Kölliker's Manual of Human Histology. 2 vols. Woodcuts.
*Rokitansky's Pathological Anatomy. Complete in 4 vols.
*Hunter on the Gravid Uterus. 1 vol. Folio. 34 plates, with descriptive letter-press.
Wedl's Pathological Histology. 1 vol. Woodcuts.
Oesterlen's Medical Logic. 1 vol.
Velpeau on Diseases of the Breast. 1 vol.
The Works of Aretæus, Greek and English. 1 vol.

Richard J. Dunglison, M. D.
Hon. Local Secretary for Philadelphia.

Golden Days of the Apothecaries.—When physician and apothecary were good friends, and the physician was a man who in the phrase of the trade—for here we must needs call it trade—could write well, something like this was the result. We quote only one day's medicine, prescribed by a physician and administered by an apothecary, to a fever patient. The list of medicine given on each other day is quite as long, and every bolus is found in the same way

duly specified in "Mr. Parret, the apothecary's bill, sent in to Mr. A. Dalley, who was a mercer on Ludgate Hill." We quote the supply for the fourth day's illness:

	August 10.		
Another Pearl Julap	£0	6	10
Another Hypnotick Draught	0	2	0
A Cordial Bolus	0	2	0
A Cordial Draught	0	1	8
A Cordial Pearly Emulsion	0	4	6
Another Pearl Julap	0	6	8
Another Cordial Julap	0	3	8
Another Bolus	0	2	4
Another Draught	0	1	8
A Pearl Julap	0	4	6
A Cordial Draught	0	2	0
An Anodyne Mixture	0	4	6
A Glass of Cordial Spirits	0	2	0
Another Mucilage	0	3	4
A Cooling Mixture	0	3	6
A Blistering Plaster to the Neck	0	2	6
Two more of the same to the Arms	0	5	0
Another Apozem	0	3	6
Spirit of Hartshorn	0	0	6
Plaster to dress the Blisters	0	0	6

One day's medical treatment is here represented, as it was often to be met with in the palmy days of physic, when

> Some fell by laudanum, and some by steel,
> And death in ambush lay in ev'ry pill.

Then truly might Dr. Garth write of his neighbors, how

> The piercing caustics ply their spiteful pow'r,
> Emetics wrench, and keen cathartics scour.
> The deadly drugs in double doses fly,
> And pestles peal a martial symphony.

Edinburgh Med. Journ. from Household Words.—Med. Examiner.

Suit for Malpractice.—We invite attention to the following report of a suit for malpractice recently tried in New York, which is remarkable from the circumstance of a quack having met with his just deserts:

Marine Court.—Before Judge Maynard.—Courtney *vs.* Henderson.—The plaintiff is 57 years of age, of good habits, has worked as foreman for ten years for Messrs. Pollard up to last December, when he quit with bad eyes; went to the Eye Infirmary; remained there from six to eight weeks, when he was induced by a friend of the defendant to leave the Eye Infirmary and put himself under the defendant's treatment. There had been a gradual improvement of his eyes from soon after he entered the Eye Infirmary until he left, and that improvement continued for two or three weeks after he left

—no doubt being the result of the treatment he received at the Eye Infirmary—when they began to grow worse. He continued under the defendant's treatment until July (about three months), and the defendant performed an operation on his eyes, and put some kind of a powder into them.

When he first put himself under the defendant's treatment he could go there alone; he soon became so blind that he had to be led there by a little boy. The plaintiff returned to the Eye Infirmary in July, but his vision was gone, never to return. Dr. Agnew deposed that he has no doubt the plaintiff's eyes would have got well if he had remained in the Eye Infirmary, or been under good treatment outside. Dr. Agnew and Dr. Buck, both holding positions in the Eye Infirmary—the only physicians who testified in relation to the treatment—have no doubt that the plaintiff's eyes would have recovered under proper treatment.

They both gave a history of their practice in diseases of the eye, which is different from the defendant's practice, as testified to and shown by a card, which is admitted to be his. The defendant offered to prove by a score of persons that they had had bad eyes, and been treated for them by the defendant and got well, or improved, which was ruled out by the Court. The defendant's counsel raised several points, but the second one is sufficient to state—"That an error in judgment is not malpractice."

The Court held that to be good law when applied to a man skilled in anatomy, surgery, or physics, but that it had no application in this case; that the defendant, knowing nothing of anatomy, surgery, or physics, could have no judgment in the matter. The law contemplated a judgment founded upon skill and knowledge in these sciences.

That man who would hold himself out to the world as a doctor and an oculist without a diploma, without any knowledge of these sciences, and under such false pretences obtain a patient, and commence tinkering with the most delicate of all the organs, the eye, must be reckless indeed. An error in judgment, of a man skilled in a particular calling, is not malpractice, unless it is a gross error. But error in judgment, in a science, of a man unskilled in that science (if such a thing can be) is malpractice. In other words, a person attempting to practice, in physic or surgery, without first having obtained a knowledge of such science, is liable for all the damage that is the result of his practice. I have no doubt the plaintiff lost his vision through the defendant's treatment, and that the treatment was the result of ignorance on his part. Judgment for the plaintiff, $500; allowance &c., $12.—*Med. News.*

A New Method for the Speedy Application of Leeches.—Dr. Avenier de Lagree, in the Gazette des Hopitaux, gives the following notice of his method of applying leeches:

"It is well known how tedious and difficult, not to say impossible, it is, especially in winter, to cause a number of leeches to adhere to the integuments to which we wish to apply them. I have lately

discovered the following method, which I doubt not will be welcomed, since it accelerates in a remarkable degree the functions of these valuable annelides. Having selected the spot to which they are to be applied, cover it with a sinapism, which is to be allowed to remain some time, in order to effect congestion of the capillary vessels. Then wash the place carefully, and place the glass containing the leeches upon it. In a few minutes they will all take hold, and draw with an energy and rapidity quite remarkable. After the leeches fall off, the flow of blood from their bite is more abundant, and continues for a longer time, than under ordinary circumstances." —*Boston Med. Journal.*

DEDUCTIONS FROM PRUSSIAN VITAL STATISTICS. By E. B. ELLIOT.

Population of Prussia at the end of the year 1840	14,928,501
Excess of births over deaths during the three years 1838, 1839 and 1840	486,937
Proportion of annual marriages during the two years 1840–41 to the population at the end of 1840, 1 per cent. (0.899) or	1 in 111
Average annual number of persons married during the same period, 2 per cent. (1.80) of population, or	1 in 56
Average annual number of births, stillborn included, of the two years 1840–41, 3.95 per cent. of population, or	1 in 25
Average number of births, stillborn excluded, of the same period, 3.80 per cent., or	1 in 26
Average number of deaths, stillborn included, of the same period, 2.81 per cent., or	1 in 36
Average number of deaths, stillborn excluded, 2.64 per cent., or	1 in 38
Average number of deaths among those over 5 years of age, of the same period, 1.73 per cent. of the population over 5 years of age, or	1 in 58
There died over one year of age, of total births, 18.5 per cent., or	1 in 5 (5.4)
There were stillborn of male births, 4.2 per cent., or	1 in 24
There were stillborn of female births, 3.3 per cent., or	1 in 30
There were stillborn of total births, 3.8 per cent., or	1 in 26
The ratio of male to female births, stillborn included, for the twenty-six years 1816–41, was as	106 to 100
Stillborn males to females for the three years, 1839–41	136 to 100
Of total deaths during the three years, stillborn excluded, there attained the natural term of life and died of the debility of old age	12 per cent.
There died by suicide	4 per cent.
There died by accidents of all kinds	1.5 per cent.
Of female deaths there were in child-bed	2.4 per cent.
The number of deaths of women in child-bed to the total number of births, stillborn included, was	79 per cent.

American Medical Monthly.

☞ In these days of *throat-burning* and *womb-burning*, when the apostles of the speculum and the probang vie with each other in their *disinterested* zeal for suffering humanity, a word of caution, especially to those who are but just beginning to brandish their weapons, may prove of service. Dr. Tyler Smith asserts, (London Lancet, Am. Ed., July 1856, p. 40,) that the womb-burners have caused death "by perforation of the vagina behind the posterior lip of the uterus and the occurrence of fatal peritonitis." We learn from the London Medical Times and Gazette, for August, that great excitement has recently been produced in France by the condemnation of a physician to imprisonment, under the following circumstances:

"M. Renaut, a provincial practitioner of long standing and in extensive practice at Dormans (Marne), had under his care a woman, aged 48, suffering from chronic laryngitis, who had, two or three years before, been treated for syphilis at the Hotel Dieu, Chateau Thierry. Towards the end of April, the symptoms increased in severity and continued to resist treatment; and M. Renaut, after satisfying himself by exploration that œdema of the glottis had supervened, proposed to the patient, on May 6th, that he should cauterize the swelling by means of the acid nitrate of mercury. After considerable persuasion she consented, and, being seated in a chair, with her head supported by an assistant, the nitrate, diluted with four times its weight of water, was applied. Scarcely had this been done, when the patient was seized with spasms, for which M. Renaut prescribed gargling with cold water, and, after ten minutes, he left the house. After his departure, however, the patient became worse, dyspnœa and increasing paroxysms of suffocation set in, so that two hours after the cauterization the patient died. An accusation of having caused the woman's death through the operation was brought against M. Renaut at the Tribunal of Chateau Thierry, and two Doctors of Medicine were sworn as experts. The autopsy proved that the diagnosis of the disease had been rigidly correct. The experts, however, express an opinion that the symptoms due to the œdema were not urgent enough to call for cauterization, and that, even if they had been, the nitrate of mercury was not an eligible substance. They suggest, that the supervening asphyxia was due to some drops of this penetrating into the larynx. They think, moreover, that medical aid properly rendered, and especially by the performance of tracheotomy, might have saved life. The tribunal condemned M. Renaut to three months' imprisonment and a heavy fine. He has appealed to the Court Imperiale of Amiens. In the meantime, consulted by the defendant and appealed to by many correspondents who regard this decision as very detrimental to the interests of the Medical Profession, the Editorial Committee of the Union Medicale, comprising several men of high professional position, has taken the case up. It maintains, 1. That M. Renaut's diagnosis was exact; 2. That the employment of cauterization is a recognized mode of treating œedema glottidis, while his choice of the caustic was based upon the syphilitic origin of the disease—a choice since approved of by MM. Laudouzy, Vel-

peaux, Ricord and Nelaton. The apparent meliorations in this disease are too often deceptive to justify delay. 8. As to the fatal termination, the experts have adopted the *post hoc ergo propter hoc* line of reasoning. It is a disease in which all experience shows that sudden and unexpected death is not uncommon, while practitioners who have employed caustics thousands of times, such as Bretonneaux, Trousseau, &c., all agree that the apparently alarming consequences of the entrance of caustic fluids into the air-passages are essentially transitory, so that it is doubtful, whether an authentic case of death being so induced exists. 4. Although there can be no doubt that M. Renaut was wrong in so soon leaving his patient, yet the case did not then apparently present more symptoms of irritation of the air-passages than are usually observed temporarily after cauterization of the larynx. M. Tardieu, an eminent authority in Legal Medicine, much consulted by the Government, while adhering to the above conclusions, adds, that the exclusively medical questions at issue here can in no wise be transformed into questions of medical responsibility. In this affair it is only a discussion of diagnosis and general therapeutics, in which the want of success in the means employed cannot under any circumstances be assimilated with the 'grave fault' specified by the law. M. Dupin, senior, is still more explicit in laying down the law in this class of cases, when engaged in another case: 'In questions of this kind we have not to inquire whether the treatment ordered has been suitable or not; if its effects have been hurtful or salutary; whether other treatment would have been more serviceable; whether this or that operation was indispensable; whether imprudence or not was manifested in undertaking it, skill or clumsiness in executing it, or whether with this or that instrument or procedure a better result might not have been obtained. These are all scientific questions for a debate among doctors, and can never constitute cases of civil responsibility, or be brought under the notice of the tribunals.'"

The Imperial Court of Amiens has recently reversed the judgment in this case.—*Western Lancet.*

Epilepsia Laryngea treated by Tracheotomy.—Dr. Marshall Hall briefly refers, in the *London Lancet*, to a case of epilepsy successfully treated by the operation of tracheotomy, the particulars of which are hereafter to be published by the operator, Dr. Ogle. The patient, a lad of seventeen, was seized with epilepsy from fright six years ago. The fits became more and more frequent, occurring at last daily. inducing mania and idiocy, so that a strait waistcoat finally became necessary. Relief almost instantly followed tracheotomy—the patient's mind being restored, his health improved, and his fits wholly ceasing. A tube was necessarily worn, but without pain, two months after the operation, and the patient was obliged to place his finger on the orifice whenever he wished to speak.—*Boston Medical & Surgical Journal.*

THE PENINSULAR

JOURNAL OF MEDICINE

AND THE COLLATERAL SCIENCES.

VOL. IV. DECEMBER, 1856. NO. VI.

ORIGINAL COMMUNICATIONS.

ARTICLE I.

Vis Medicatrix Naturæ.

BY W. A. PECK, M. D., BERWICK, PA.

(Concluded from page 177.)

In a previous paper it was my object to show that the *vis medicatrix naturæ* has no existence as an *established curative and conservative principle.* It will be my present purpose to explain the apparent caprices of physiological action in its dealings with disease, and the *modus operandi* of the so called *nature's cures*, that we may better understand the nature and tendencies of diseased action, the theory of cure, as well as to know when to aid the abnormal tendencies, when to change, and when to put an absolute stop to them.

We are now dealing with the characteristic manifestations of the animal mechanism, and it becomes us first to rightly comprehend the essential nature and dependencies of the influences by which this mechanism is animated. We should view it as presenting an adjustment of numerous and beautifully contrived organs, all displaying physical actions in their most admirable developments, controlled by, or converted into subserviency of a wonderful and harmonious combination of phenomena, the most complex and the highest observed in the objective world. Presenting phenomena as varied in character, as its structure is complex, moved by and moving influences, as wide

as the sphere of its action, assimilating within the same entity the grossest material substances and the immaterial essence, disturbed by the most trivial aberration of the surrounding universe—in fact, every consideration of the relations and adaptations of the animal body to the material world very naturally suggests the intelligent recognition of the same order, harmony and adapted relation, as well as the many analogies in the proper method of investigating and interpreting the *laws* and *causes* of its action. Indeed, we could expect to find phenomena produced on the same general plan, effected by *causes* and regulated according to *laws*, if not identical, at least analogous to those which move the external world, since we find that the body in its reactions, conformation and constituency presents, as it were, a synopsis of all creation.

When, however, we refer to the *records* of science for a solution of the manner of life, we are very commonly cited to the idea of a *self-existent, independent force*, or to a mechanism propelled by electricity, heat or chemical action. Now, from the first point of view, we have in a previous paper urged objections, and from the second we would now dissent and indicate a train of thought, which we think would better accord with sound philosophy and physiological science.

From repeated and extended association with the external world, as indeed from an intimacy with the animal creation, the idea of *cause* or *force* urges itself upon us as the necessary antecedent upon which all changes, all phenomena essentially depend. Indeed, it is hardly possible to conceive of the sensible display of properties or the exhibition of phenomena disconnected from *cause* or *force*. Cell formation and disintegration, the principle instruments in executing life, their resultant phenomena, whether they are the most powerful and vigorous muscular contractions, or the merest poetic whims that flit across the brain—all and each display the idea of antecedent forces, harmonious in their results, though they exhibit the last complexity of combined, directive and antagonistic action.

Disjointing for a time some of the phenomena of life, we will endeavor to analyze the forces concerned in their production. Firstly, then we have the physical force displayed in muscular contraction, as also in its nicest adjustment, in capillary circulation and endosmosis. The two latter processes unquestionably occupy an exalted position in the aggregate of physiological action. Besides, the body presents properties common to all other forms of matter, and their conditional developments are regulated by precisely the same laws. A stone cannot exhibit the laws of physical action more perfectly.

Advancing a little in the complexity of phenomena, we come to changes affected by a higher or different manifestation of force. These changes are observed in the processes of digestion, assimilation, disintegration, retrograde metamorphosis of organic compounds, calorification, &c. These changes, though much obscured by the mingling of vital action, are yet most accurately defined on purely chemical principles. Though it is very questionable whether chemical action can without or within the body effect the production of the gastric juice, or indeed of any secretion, it cannot be doubted that the reactions of these several materials are precisely such as would occur, apart from vital influences, when the conditions for purely chemical action only are supplied.

Thus we find operating within the organism physical and chemical agencies, which play an important part in the production of the complex phenomena of life. We come now to consider the question of the existence of other forces concerned in animating the body and the investigation of its nature and laws of actions.

Granting the identity of the chemical actions of living beings and of inorganized bodies, that the same laws preside over the constitution and transformations of different compounds, whether organic or inorganic, it by no means justifies the conclusion, that "all the differences observed between these two different classes of bodies are accidental, relative, and have nothing essential." "In the primary formation of organic bodies," says Dr. Hoppoldt, "in the origination of ova and seeds, and in the first impulse given to moving bodies, we recognize a creative power distinct from and superior to the so called physical forces, which we see exerted in the objective world around us. In that formative force, which imparts form, proportion, and attributes to the innumerably varied organs of plants and animals, we perceive original design and creative will, which is beyond the domain of matter, independent of it, but which manifests itself to us only through the medium of palpable substance."

"Will it be affirmed," asks Prof. Jackson, "that, when an unfecundated egg is placed in the conditions for incubation, and the result is its putrefaction, while in a fecundated egg the albuminoid contents are transformed into blood, muscles, viscera, nerves, brain, heart, vessels and organs of sense, and it is endowed with special sensibilities, with consciousness and voluntary movements, that these two classes of phenomena are only accidental, relative and non-essential?"

"It is certainly true," continues the same writer, "that chemical

affinities and molecular actions are indispensable to produce the varied special proximate organic materials of the fluids, tissues, organs and the living organism of the chick. But without the presence of this germ" * * * "this extraordinary play of specific chemical affinities and specialities of chemical action, and the development of some hundred organic forms included in the living being, from the formless organic matter, could not have occurred. Certainly here are displayed in the two classes of bodies, inorganic and organic, differences that are not accidental or relative, and that are essential."

These general facts are exemplified in the germination of seeds. The agency of light upon the living vegetable cell causes the decomposition of carbonic acid, water and ammonia, and of forming organic compounds which the chemist has not yet been able to imitate. This influence, however, is chiefly exerted in preparing the pabulum to be appropriated by the organism; for we see that in the germinating seed where this has been previously elaborated, light is not required for its conversion into living tissue. But for this purpose a certain measure of heat is required, and so with the other *vital stimuli;* and the rate at which the organizable pabulum is converted into living tissue, is determined (within certain limits) by the degree in which these agents are in operation. Now, if the germ cell at the hilum be disorganized, and the seed placed with a perfect one under circumstances favorable to germination, the imperfect seed will decay, while in the other are formed grape sugar, dextrin, cellular and albuminoid compounds, and these in turn developed into the tissues and organs of a perfect plant.

Indeed, so diverse are the products of the so called vital and chemical action, the laws of their action so dissimilar, their tendencies so antagonistic, that it would appear a waste of forces to plead the case farther.

Taking it for granted then, that in animated bodies there are forces or manifestations of force different from that observed in physics, we come to inquire into the nature, conditional working and laws of its action.

"Among the numerous errors into which the mind of man is prone to fall," remarks Dr. Hollingsworth, "none has more frequently obstructed the progress of science than the practice of condensing into a single word or phrase the description of a law of nature or the manifestations of its action, and by thus investing, as with a garment what is often a crude, imperfect hypothesis, obtain for it a credence and position that is utterly undeserved in fact. From the earliest

physiological speculations to the present time, a recognition of a superior force animating the economy of living beings has descended; and from the nature and significance which all attached to it, the idea has ramified throughout the vast area of medical literature, and become the medium through which all phenomena were observed, and the standard by which all explanations were tested. This current coin speedily became magnified to the supernatural proportions of a *self-existent*, *self-acting* and *independent force*, thus usurping qualities of infinity, bringing modest doubts in the minds of many and an entire disavowal of its truthfulness in others. By many, however, the *coercive* efficacy of laws was supposed to be the proximate, remote and entire cause of vital action. It is often supposed to be a sufficient explanation of any phenomena, to refer it to some general law which really only extends the difficulty from the particular to the widest range of phenomena of the class.

Others again, to keep within the domain of physical science and avoid the real significance of a law, as the expression of the will of the creative energy, seek and find a material cause of all vital acts in the *general vital stimuli*, thus plainly neglecting the real distinction between the "efficient" and "physical" causes—the former supplying the *force* or *power* to which the results must be attributed, and the latter affording the *conditions* under which that power is exerted.

The scientific investigator should always consider, when studying nature, "what are the fewest assumptions which, being granted, the order of nature, as it exists, would be the result? What are the fewest general propositions, from which all the uniformities in nature could be deduced?"

In witnessing the phenomena of the inorganic kingdom, we recognize an unvarying uniformity of results from the action of matter under the same circumstances. Thus a weight, when raised from the ground, will invariably fall again, unless opposed; or an acid and an alkali, when brought into near relation under favorable circumstances, will always unite and form a third substance, wholly unlike the two first. But the agency which caused the formation of this third compound, and with new properties, will never cause a body to descend to the earth with force; neither will the so called gravitation in any case perform the duties of chemical affinity. For the phenomena which a body presents, is only the manifestation of the creative energy in governing and controlling it according to fixed laws or *secondary causes*, the conditions only of which laws can be fulfilled by it. Thus the law of gravitation only expresses the constant relation existing

between quantity of matter, the distance of masses, and the force developed in their tendency to approximate. The matter merely furnishes the material conditions to the law, according to which the *first cause operates.* So with reference to chemical action: the law of *definite proportions* is by no means the cause of such exactness of chemical action, but merely our expression of the fact that under certain circumstances such and such results will obtain. Then as matter under diverse forms and conditions comes within the stipulations of different laws, so we have a full expression of the reason of the diversity of effects produced. Hence, if two substances will not unite and form a third, wholly unlike its original constituents, it is because the conditions of the law according to which such a compound must be formed, are not present in this particular case.

But how is it in vital actions? Have these antecedent conditions, or a concurrence of antecedents, on which they are invariably and unconditionally consequent?

It has become a law quite as general in physiology, as that of gravitation in physics, that from cells all organized beings originate, and that by continued growth and development of these, all the various functions of life are carried on.

We find in the germination of the seed. the fecundation and development of the ovum, as in the state of maturity, a continued and necessary concurrence of antecedents, on which cell life and reproduction are unconditionally consequent; for the material conditions of germination, aliment, air. light, heat, &c., are necessary. The fully developed vegetable and animal structure imperatively demands for its continued existence as such the constant supply of aliment, light, heat, electricity, &c. Though some of these essentials, as heat and electricity, are developed as a part of the normal workings of the economy, still they are none the less necessary, and are developed by the agency of physical principles solely.

This conditional dependence is no less characteristic of the specialities of functional activity, than of the growth and reproduction of the organism as a whole. Each of these may be thrown into groups, having particular dependencies, and under like circumstances attended with an uniformity of results. This is exemplified in the necessity of the application of physical stimulus in the production of sensation, the presence of aliment to excite digestion, a special incitant in causing muscular contraction, and in the continued exercise of every function some characteristic material condition. Where these are all normally present, an appropriate reaction obtains, harmoniously and orderly in the accomplishment of the final cause.

Thus structural differentiation becomes a necessary prerequisite to functional differentiation, which latter is unconditionally consequent, when the specifications of their laws are duly supplied. Carrying this idea from the particular to the general range of facts with which we are dealing, it is clear that the aggregate of physiological actions obtains in a manner precisely similar to those of the inorganic forces, though not identical in laws or secondary causes.

I am aware that the advocacy of this doctrine has been deemed sufficient to consign its supporter to the ranks of "materialists," yet we would disclaim all sympathies with the tenets of this class of philosophers and urge this doctrine to be the only one consistent with our conceptions of the Deity. Whence comes this force of gravitation, of chemical and vital action, if laws and secondary or material causes are not permitted to be the *causa causarum.* If the inquiring mind seeks a solution from its own experience, "it is led," to use Dr. Carpenter's words, "by the consciousness that by *its own volition* it can give rise to *force* which is capable of operating upon the material world, to look to an intelligent will as the ultimate spring of all those changes for which it can find no other source, and to regard the forces of the universe in general as so many modes of operation of the one omnipotent and omnipresent mind. Viewed under this aspect, therefor, all the phenomena of nature which have not their origin in the mental power of subordinate beings, must be considered as the immediate exponents of the will of the Creator; and thus again we are led to regard their so called "laws" as but man's expression of the conditions under which the Divine Power appears continually operative in producing them." *

I hope I sufficiently indicate that, while I totally discard all sympathies with the idea of an independent self-moving vital principle from which life necessarily and unconditionally results, that I would recognize a distinct speciality of action, dissimilar in the modes of its action and the nature of the results, unlike in the rules of its conduct and the kind of expression, from the manifestations of force observed in the physical and chemical departments of nature; but like them, derived from the same source, acting in conformity to laws, being influenced by remote causes or circumstances, and having a special instrument to accomplish a specific purpose.

The relevancy of these doctrines to the subject of this paper will at once be apprehended by all. Erroneous theories of life has ever been the fundamental difficulty in the way to the right understanding of

* Carpenter's Principles of Human Physiology.

conservative results, as in other physiological speculations. Viewing the subject from the line of thought already indicated, we hope to show the "Vis Medicatrix Naturæ" in its true light.

I have endeavored to show that the phenomena of living beings not only depend upon certain conditions afforded *ab extra* for their commencement, but for their continuance; that these *material conditions* must act in virtue of certain relations existing between these and the mechanism to be acted upon in the production of life, which relation determines action according to fixed laws; that these conditions are essential, not only so, but must be of a certain quality and quantity in order to develope the manifestations for which the body is constructed, and to which it is adapted. When these thus present, it is evident that the resulting harmony of action will best fulfill the ends in view.

But the persistance of this state must directly depend upon the permanency of its material causes; for, if one of these be altered in quantity or quality, the order and harmony of action is disturbed, the system is unfitted for the accomplishment of its final cause, its abnormal state presents, it is diseased. And if one of these be wholly withdrawn, the whole train of phenomena must cease, in a word, death ensues. Hence upon the permanency of these "stimuli" and their due equilibrium depends the normal state or health; and in proportion to their persistance and potency will be the immunity from the influence of morbific agents and the probability of restoration from their ravages.

The same wisdom of design obtains in the relations which living beings sustain to surrounding objects, that is manifested in every department of nature—each appearing to be made for the other, thus being mutually adapted. Air and light are abundantly provided by nature, and were it not for voluntary deprivations and contingencies of circumstance, these vital stimuli in their purity would ever present, ever exerting their influence for the well being of the economy. Those *stimuli*, however, which are not permanently provided, very properly sustain such relations to the organism, that ease, comfort and the necessities of life itself compel the individual to constantly supply. Thus the sensation of hunger and thirst prompts action in order to provide aliment of the proper quantity and quality; the sensation of cold arouses an instinctive disposition to exertion, to develope an increased amount of animal heat, an appetite for highly carbonaceous aliment and the application of non-conductors of heat. Then all the essential conditions to the continuance of health

"Unhedg'd lies open in life's common field;"

their use essential and necessary, and dealt out by the unerring laws of instinct and the wants of the economy. And but for accidental circumstances and the daring folly of man's destructive selfishness, disease and premature death would never number a victim as their own in the human family.

Here then we have a reason for the *state of health* being the normal state and persistent, and when once disturbed, the tendency to return to its normal condition. Here we find the true "Vis Medicatrix Naturæ."

It is plain that, so long as these agents act harmoniously, causing vigorous and enduring reaction, no ordinary embarrassing circumstance will be of sufficient potency to seriously oppose the accomplishment of their final cause. And when the organism suffers under disease or mechanical violence, we have these material conditions to the life forces, tending to restore the lost equilibrium, by their union furnishing the necessities of normal cell growth and reproduction.

Thus it is that the economy displays such wonderful powers of endurance under malign circumstances; that so many conservative results obtain, that seem to be instituted to avoid the destruction of the individual; and thus it is that in the extremest debility the system rallies and is presently restored to its pristine energy.

In the great majority of cases, however, in which diseases and their consequences are removed, their exciting causes *only* have to do in such results; they furnish the conditions for their own ejection. Thus it is that the presence of indigestible food in the stomach, biliary matters in the blood, the *materies morbi* of gout and rheumatism, the thorn in the flesh, &c., &c., respectively induce vomiting, a jaundiced skin, critical discharges, suppuration, &c., &c.

Another manner in which conservative results are attained, is by the now well known process of complemental nutrition and secretion. The liver is congested, biliary matters fail to be eliminated, and the system suffers in conseqnence of the poisoned state of the blood. Now, as soon as these materials become sufficiently accumulated, or change so as to come within the sphere of existing affinities, the skin and other depuratory organs take upon themselves the vicarious office of biliary climination, to the manifest amelioration of all the symptoms.

Such is the constitution of the suplemental functions of the economy and the nature of their special incitants, that strange indeed would it be, if a material, however extraneous, could not supply the requisite

conditions for its elimination, as well as those which prompted its admission. Taking this fact in connection with that of the persistent action of the general vital stimuli, we have a sufficient explanation of all conservative phenomena. Hence we deem it entirely unnecessary to adopt that extravagant hypothesis which supposes an inherent, self-moving system of preservation. While the explanation which we have briefly offered, explains satisfactorily the phenomena for which it was intended; it also makes plain the guiding principles of the practice of medicine, explains apparently anomalous manifestations and is perfectly consistent with our ideas of life and the regulations of the universe.

It teaches that, while we recognize conservative results, we are not to depend upon them as the only means by which disease may be removed, nor yet that diseased action is the effort of such a principle, tending to restore the normal state; that so far from blindly following the type of disease as the plan of cure, the tendencies of the exciting causes concerned in its production should be understood and a well directed effort made for their removal; that, while we recognize a conservative effect, we should at the same time recognize the agencies concerned in its production, that we may know how and when to arouse her to exertion, when to change, when to moderate, and when to put an absolute stop to them.

Translated from the Archives Generales, October, 1856.

ARTICLE II.

Physiology and Pathology of the Supra-renal Capsules and Bronze Disease of Addison.

BY PROF. TROSSEAU.

In an important communication, made to the Academy of Medicine at its session on the 26th August, 1856, M. Trosseau adduced some new facts and added some reflections which form a valuable complement to the work already published in the Archives, upon the diseases of the supra-renal capsules. A literal copy of the note is here subjoined.

The supra-renal capsules have been nearly forgotten by anatomists, physiologists and pathologists. The researches of Addison and of Brown-Sequard prove that they merit consideration in respect both

of their physiology and pathology. We subjoin the principal facts discovered by M. Brown-Sequard, relative to the physiology of these organs, which were submitted to another learned society:

1st. These capsules are endowed with great sensibility.

2d. They increase in weight and in volume from birth until adult years; hence they can no longer be regarded as special organs of embryonic life.

3d. The extirpation of the two organs as rapidly and as certainly destroys life, as the ablation of the kidneys. M. Brown-Sequard operated on sixty animals of different species and found death supervene after an average interval of eleven and a half hours.

4th. The duration of life, when but one of the organs was extirpated, did not exceed seventeen hours.

5th. In not a single instance could the death be attributed to either hemorrhage or peritonitis, nor to lesion of the kidneys, the liver or other important organ in the vicinity of the capsules.

6th. When the semi-lunar ganglions were accidentally injured in these experiments, the heart's action was accelerated; but this could not be assumed as the cause of the rapid death of the animals.

7th. After the extirpation of these capsules, there follow with almost perfect constancy an excessive weakness, at first an accelerated respiration, then becoming slow, jerking and irregular; an acceleration of the heart's action, a depression of the temperature and various nervous phenomena, such as vertigo, convulsions and coma, supervened on the near approach of death.

8th. When but one of these organs was removed, the same symptoms were exhibited, but less rapidly and after an interval of apparent restoration; when convulsions occurred, they were manifested only on the side of the extirpation, and the animal performed spiral rotations, much as when the middle cerebellar peduncles have been divided, rotating from the injured toward the sound side.

9th. There occurred among the hares of Paris an entozooty or an epizooty, characterized by an inflammation of the supra-renal capsules, which gave rise to the same symptoms as the extirpation of these organs.

10th. The blood of the diseased animal, when injected into other hares, produced similar morbid phenomena to those resulting from the ablation or inflammation of these capsules.

11th. Wounds of the spinal cord determine an active hyperæmia of these organs, resulting in an hypertrophy or an acute inflammation, and speedily proving fatal. A fact established by Brown-Sequard in 1851.

The preceding facts, says Brown-Sequard, lead to the following conclusions, viz: 1st. That the supra-renal capsules are absolutely essential to life. 2d. That their ablation or morbid change disturbs the economy, either by interrupting the functions of the organs as blood-vascular glands, or by irritating the nervous system and giving rise to convulsions limited to one side of the body.

If these experiments were exact, (of which there can be but little doubt,) or perhaps we should say, if the conclusions deduced by M. Brown-Sequard are legitimate, then the function of these organs in the animal economy is infinitely more important, than we have previously been led to believe.

Let us now consider their pathology. Some months since, my excellent friend Dr. Laségue published in the *Arch. Gen. de Med.* a very good abstract of the labors of Addison and other British physicians upon the diseases of the supra-renal capsules. They have established that certain individuals are affected with a peculiar cachexia, with an anæmia analogous in many respects, among other anæmias, to that resulting from hemorrhage, and very unlike that special anæmia known as leucocythemia, (this name is not mine, and God forbid that I should forge a similar one,) a disease in which the blood contains globules analogous to the globules of pus.

In the cachexia described by Addison, the debility experienced was out of all proportion to the lesions that could be discovered; for those lesions, at least those known before the labors of Addison, were insignificant, and simultaneously with the debility a deep, bronze-like coloration of the skin was remarked, particularly on the face, the internal surface of the lips, in the axillæ, on the penis and many other points; pigmentary matter was deposited under the epidermis and under the epithelium, giving the patient the appearance of a mulatto; the hands and the penis sometimes presented a hue as deep even as that of the negro. Addison moreover proves that the disease is always fatal, and the autopsies performed by himself as well as several other physicians furnished invariable evidence of the presence of grave lesions of the supra-renal capsules, viz. cancer, tubercles, fatty degenerations, purulent collections, hypertrophy, &c.

Since these labors have become known in France, two cases of the bronzed disease have been observed in the hospitals of Paris, one at St. Louis by M. Second-Ferréol, the other in my ward at the Hotel Dieu. The patient that fell under my observation, was a coachman of the Minister of the Interior, aged thirty-seven years, apparently in good condition and well nourished. During the past five or six

months his skin has acquired a peculiar and persistent sallow hue. At the same time he grew weaker progressively; he ate little and had an especial aversion for animal food. He stated that he had lost three-fourths of his weight which, exaggeration apart, was equivalent to stating that he had been fat and had become lean. The symptoms presented by this man were very striking, and the more so as we recollected the details furnished by the abstract of Laségue, and I diagnosticated a disease of Addison. The patient was soon attacked with a profuse diarrhœa, to the extent of eight or ten dejections in twenty-four hours, yet without the special character of cholera; the body became cold, and he speedily succombed to the disease. The autopsy revealed no lesion of either the brain, lungs, heart or intestines, that could explain the symptoms or cause of death; the kidneys presented but a slight hypertrophy and, according to Brown-Sequard who examined the case, a few tubercular granulations and fibrous filaments, but the supra-renal capsules contained numerous tubercular masses. The apex of one of the lungs contained a very small tubercle, but none in either the bronchial or mesenteric glands. The blood, examined by M. Robin, presented no other alteration, but such as exists in hemorrhagic anæmia.

We here see a man, yet comparatively young, suddenly attacked with a cachectic and cachochymic disease, of which the data furnished by the previous condition of pathology yielded no explanation. We recognized in it the disease of Addison. He died, and the autopsy revealed abundant lesions of the supra-renal capsules, and no other.

The other case of the bronze disease was more carefully observed and reported by M. Second-Ferréol, interne of the hospital. The patient was a waiter and thirty-five years of age. He was addicted to all kinds of excesses and had contracted a gonorrhœa a year before admission into the hospital. He had previously been admitted into the hospital Necker and treated for some serious difficulty of the digestive organs; he then presented a deep coloration of the face, which varied in intensity with the condition of the digestive apparatus. He took at that period l'Eau d'Enghien, probably for an incipient pulmonary lesion. Towards the close of the year 1855 he presented himself at the hospital St. Louis with evident signs of tubercle in the apex of the lungs, yet the debility was greater than occurs in phthisis. He left the hospital and returned, and at last died there.

The autopsy, carefully observed by M. Second-Ferréol, revealed very important lesions of the supra-renal capsules; neither cortical nor central substance could be recognized; a fatty mass of an intense

yellow color, as if from bile, was alone visible; filamentous tracts resembling fibro-cartilage traversed the bodies of the capsules. M. Robin found pus globules, but no tubercles in the midst of the fatty mass. M. Ferréol adds that the hands presented the characters of that from the hands of the negro, and that pigment granules were abundant in it.

Let us remark that in the negro race the capsulæ supra-renales are of large size; on the other hand, the accidental development in excess of the pigmentary matter is connected with an augmented size or morbid change of structure of these organs. We might hence infer their connection with the production of pigment in the system.

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ARTICLE III.

OBSTETRICS; THE SCIENCE AND THE ART. By Chas. D. Meigs, M. D., *Professor of Midwifery and of the Diseases of Women and Children in Jefferson Medical College at Philadelphia, &c., &c.* Third edition. Revised. With 129 illustrations. Published by Blanchard & Lea, Philadelphia.

As far as regards the effect that any word of approval or the expression of an adverse opinion coming from us can have upon the reputation of the author or the sale of his work, it might be deemed sufficient to say that this edition of the Treatise of Professor Meigs on Obstetrics is an improvement upon its predecessors, so strongly has the writer, by previous labors, established a claim to the confidence and respect of the medical profession in the United States. But when the author of a book embracing the consideration of subjects so momentous as

The Anatomy of the parts concerned in the acts of Reproduction,
The Physiology of Reproduction,
The Therapeutics and Surgery of Midwifery and Obstetricy, and
The History and Diseases of the new born child,

consents to be tried anew by a jury of the vicinage, it becomes a duty of the periodical press to canvass his claims to a favorable verdict, albeit its conductors may not be specially qualified to guide the public mind to just conclusions regarding the merits of his performance.

We enter upon this duty with more alacrity in the present instance, although distrustful of our ability to acquit ourselves acceptably to our readers, in consequence of having found that the teachings of the author, on points the most essential, are strikingly in accordance with judgments established by ourselves, when in former years at the outposts of civilization, we were thrown upon our own resources and compelled to cultivate a feeling of self-reliance and to act without the aid to be derived from the perusal of suggestive authorities or professional conversation. As much as we admire our author for the evidences found in his works of extensive culture, we admire him still more for his exemption from predetermined bias in the presence of every question that comes up for decision, giving in his own person and in his own works a beautiful example of the qualities necessary to constitute a physician, when those qualities have been developed by use and polished by study, the blending of which attributes being essential to qualify a man to become a good practitioner and at the same time a pleasing and energetic writer.

With admitted eccentricities of manner, there is carried along in the narrative style of the author the rich results of protracted study and discriminating experience. Men who belong to the class of original thinkers, are apt to adopt peculiar and original modes of expressing their ideas, and this originality of conception more than atones for what some have complained of as faults in the style of our author.

Our medical writers at the present day—and we suppose that this age is not singular in that respect—are divisible into two distinct classes, one of which, by the fruits of their labors, advances the science and the art of our profession, whilst the other, by their struggles for conspicuity, do most to gain a position for themselves. The one of these classes constitute the *book-makers* of the day, whilst in the other class are to be found the *authors* for the time to come, as well as the co-temporaneous authorities. We may define the position of Dr. Meigs by saying that this production of his mind will be read and referred to long after the hand which recorded these symbols of his thoughts, shall have ceased to be influenced by a vital force and become the subjects of those laws which disintegrate the tissues, when the "nerve power" is destroyed.

Our space will not permit us to review at length this Treatise on Obstetrics. Besides the character of the Journal does not demand it, the purpose of its establishment being to furnish a medium of communication between the members of the profession situated in

different parts of the State. We shall therefore limit our remarks and the extracts we propose to make, to particular chapters, with a view to present to our readers the opinions of the author on such subjects, as are yet unsettled, towards which the professional mind converges from different sides, creating a warmth and vigor of discussion becoming the importance of the interests involved. We deem it unnecessary to appropriate any space to the consideration of the anatomical portion of the work, feeling assured that no student of obstetric medicine will allow any opportunity to pass unimproved of making himself familiar with the structure of the organs most intimately related to his chosen pursuit, before engaging in inquiries touching the functions of those organs, or the diseases and mechanical displacements to which they are liable. Had we time and space to devote to that purpose, we would gladly epitomise the views of the author on the recondite subject of embryology and the philosophy of pregnancy and trace as far as practicable the history of a germ point, from the moment of its escape from the Graaffian vesicle to its expulsion, at full term, from the uterus. This we are not permitted to do. As a subject of psychological study we pass it over to the students of metaphysics and moral philosophy. This whole chapter which embraces the subject of conception, the character and office of the decidua, the structure of the placenta, the fœtal circulation and the questions depending and subordinate thereto, is entitled to the most diligent attention, and what we say of this chapter, is true of the whole book.

As there are in certain quarters very erroneous opinions entertained in relation to the objects to be accomplished by the use of the Forceps, and the motives by which the surgeon-accoucheur is governed in their application, I allude particularly to the moral question that may become involved in the professional act; we have thought it expedient to transfer to our pages some of the remarks of Professor Meigs on the subject.

OF THE FORCEPS.

"The great desideratum in Midwifery, was a forceps that might seize the head and extract it without inflicting a wound; and we are indebted for it to a Doctor Paul Chamberlen, who practised Midwifery in England towards the close of the sixteenth century."

"For centuries, the perforator and crotchet were the mother's instrument. The child's instrument, or forceps, was reserved to honor the seventeenth century by its invention."

"Dr. Smellie, of London, and Dr. Levret, of Paris, both conceived at about the same period, that is about the year 1745, the idea of giving to the blades a new curve on the edges, so as to adapt them to

the axis of the superior as well as to that of the inferior strait; and accordingly they produced the long forceps with New Curves, which are almost universally in use at the present day." (p. 540.)

"The French forceps, somewhat modified by Pean, has great vogue in this country at the present time, under the denomination of the Baudelocque forceps, which is two inches longer than Levret's, and is constructed without the bead or raised line that runs around the inner or fœtal face of the clamps, and which, besides being useless, was found inconveniently to contuse or cut the scalp." (p. 540.)

"This powerful instrument, in skilful hands, may be made use of to overcome great obstacles; but in careless or unskilful application, may be the cause of great mischief. It has been objected to by many prudent persons on account of the weight of metal, and the severe pressure of the child's head that may almost unconsciously by the operator, be made with it. The late Dr. James very rarely used any other than a short handled straight pair, called Haighton's forcep's; yet I have had occasion to witness the application by him, of a pair modelled upon the plan of the Baudelocque forceps. It cannot be doubted that all the benefits of the small forceps may be obtained in the use of the large one; and those who cannot conveniently command a variety of instruments would do well to familiarise themselves with that which I have above described, It has been well remarked by Baudelocque, that it is not so much the instrument that is to be looked to as the hand that uses it." (p. 542.)

"The most convenient forceps that I have ever employed, and that which I commonly make use of, is the instrument recommended by the late Prof. Davis, of the London University College." (p. 542.)

"I fervently desire the student to have a proper idea of the meaning and intention of the accoucheur in using the obstetric forceps, for his course as a practitioner will depend much on the impressions he receives concerning the nature and design of the instrument. If I were possessed of such place and reputation in the world as might give to my opinion any semblance of authority, I do not know in what manner I could exercise such authority more favorably to the interests of humanity, in this particular, than by establishing the doctrine that the obstetric forceps is the child's instrument; that the perforator, the crotchet, and the embryotomy forceps, are instruments for the mother; and that the Cæsarean operation is an operation to be performed solely for the benefit of the parturient woman. (p. 545–546.)

If a woman in labor is in a situation demanding immediate delivery by instrumental means without any reference to the interests of the child, it is clear that, to lesson the volume of the cranium by perforation and extract it with the crotchet or with my embryotomy forceps, is the safest as well as the swiftest method that can be employed; and every accoucheur should prefer this method in a case exhibiting undeniable proofs of the death of the fœtus. Hence I repeat that the obstetric forceps is designed to save the child, and that the relief which it gives to the mother, is but an appurtenant to it.

It is true that, in the conduct of a labor, the accoucheur shall often come to the conclusion to deliver with the forceps on account of some excessive pain, inability or dauger to which the woman is exposed; and this in cases where he would not adopt the resolution from views relative to the safety of the child alone.

In this sense, then, the Student might reply that the forceps is the mother's instrument; and I select it for my operation only because it makes the child safe, which could not be were I to use the mother's instruments—to wit, the perforator and the embryotomy forceps. I dare not to use the mother's instrument in contravention of the rights of the child, but I may with the child's instrument relieve the mother, and save her, while I do it no injury.

If the Student should take his impression of this duty from studying the English books of midwifery, he will go into the world believing that the obstetric forceps is the mother's instrument, and he will use it for her, and for her alone; whereas, should he adopt the views above set forth, and which I deem to be perfectly sound and practical, he will enter upon his career, feeling and knowing that he possesses an apparatus with which to rescue the child when in danger; and he will employ the instrument as often from indications relative solely to the child, as from indications relative solely to the mother; and he would, *cæteris paribus*, become a better accoucheur than the European Student, who, it seems to me does not know more clearly than Chamberlen himself did, that the forceps is really designed for the rescue of the child. He will save more lives; for he will rescue many an infant that but for such intervention would be stillborn; and he will save many a mother who in Europe is allowed to test the spontaneous power up to a point at which the embryotomy becomes indispensable to save the mother, a point at which she begins very often irrevocably to sink." (p. 546–547.)

"The motive for the use of the operation should be clearly understood as referable either to the mother and child; to the mother alone; or to the child alone. The consent of responsible and interested persons should be obtained; the motives for the operation should, if possible, be clearly explained to the woman herself, and truthful, yet reasonable promises should be made to provide for her safety and comfort, both of which requiring that it be done. If time permits, some professional friend should be invited to witness and sanction the operation." (p. 550–551.)

As an appropriate termination to our quotations relating to the use of the forceps, we add what follows on the propriety of resorting to the Cæsarean section as pertinent to the same question:

"I have been present in consultation where urgent demands and pressing arguments were in vain proffered to induce me to consent to a Cæsarean operation; those arguments were based chiefly upon the claims, or superior rights of the child. In that case, as in all others, I was actuated in my opposition to the operation by the firm opinion that the child has no positive claims whatever, if they conflict at all with the rights of its more important parent; and I regard myself

not guilty of inhumanity in indulging or in expressing this sentiment —and I repeat a sentiment expressed upon page 531, in the quotation from Tertullian: "*Atquin et in ipso adhuc utero, infans trucidatur, necessaria crudelitate, quum in exitu obliquatus, denegat partum, matricidus qui moriturus.*"

It appears to me an important matter that the medical profession should have just views as to the indications for those grave and direful operations. As I have great reason to think that many gentlemen, my brethren, have not given themselves time to reflect upon all the points of the indications, I am the more desirous to enter my protest upon the records of Obstetrics, against the Cæsarean operation being performed with any other views than those relative to the conservation of the mother, with the salvo always, that to save the child is a great additional good fortune. I believe that he who performs the Cæsarean section upon views relative chiefly to the conservation of the fœtus flies in the face of the soundest doctrine; and I cannot understand how the conscience of such an operator should ever be appeased under the pungent reflections that must follow a fatal operation not rendered inevitable with the exigencies of his patient." (p. 568–569.)

If we were inclined to be hypercritical, we should protest against the absolute law laid down by the Professor, as to the state of the os uteri, which must obtain before it is proper to introduce the forceps, or the degree of progress which the woman must have made in her labor, before they can safely be applied to the fœtal head. Supposing the head to be long detained in the superior strait of the pelvis, a condition of the uterus occurs which, after a time, by the pressure of this organ between the head of the fœtus and the plane of the linea ilio-pectinea, limits the action of the muscular structure of the uterus to this line of pressure and prevents the rising of the os uteri over the parietal protuberances. As the use of the forceps oft times becomes a necessity at this stage of labor, they must from the nature of things be introduced into the os uteri, and applied when the ear is above the reach of the accoucheur.

No part of this truly meritorious work presents a stronger claim to the attention and the confidence of the profession, than the chapter on Childbed Fever. Written in view of the highest sense of professional responsibility, in a fervid, earnest, perspicuous style, it addresses itself to our faith by the simplicity of its pathology and the intrinsic evidences of entire veracity in all the statements it contains, of matters of fact.

Sympathizing with the author in his opinions on the etiology, the manner of propagation and the method of treating Childbed Fever, whilst we cannot literally adopt them, we must in all frankness admit

that this chapter, taken in connection with the separate volume which has grown of it, constitutes the best authority on this subject which has come under our notice.

"The disorder here to be treated of is observed only in pregnant and lying-in women; yet it is not one but many affections. It is inflammation of the womb alone; or it is inflammation of the veins of the womb; or it is inflammation of the peritoneum; or it is metrophlebitis, or metro-peritonitis; or else a combination of metro-peritonitis with phlebitis. These are its several forms."

"For a great many years past the medical press has teemed with papers containing accounts of the signs left by our disease, and discoverable in the remains of those unhappy women whom it destroyed. It is everywhere conceded that these signs or appearances furnish evidence of a state of inflammation, during the fatal illness of the subject; and even Puzos and Vigarous, as well as their contemporaries, could not but see these signs, notwithstanding they were blinded by the prejudice of the general notion of metastasized milk or other fluids. Many hundreds, nay many thousands of bodies examined after death, have shown the womb covered with inflammatory exudation, and bathed with serum or sero-pus; or reduced to a state of ramollescence by the late inflammation. Similar appearances are seen as to the ovaries and tubes." (p. 624–625.)

"In contemplating these three cardinal forms of childbed fever, I mean metritis, metro-phlebitis, and peritonitis, I say that the Student ought to conceive of them as having a primary seat either within the uterine veins, in the uterine substance, or on the intra-pelvic peritoneum." (p. 625.)

"The most singular known property of the cause of childbed fever is that it operates upon woman pregnant or lying-in, and upon them only; and that, while its reign causes terror and desolation among that class of persons, it never in the least degree influences the health or threatens the security of the virgin, the child, the youth, the man, or the married but non-pregnant woman. One may well feel amazed at such a proposition, seeing that pregnant and lying-in women, as to their generical nature, susceptibility and forces, are like all other women, and in a general sense participate in man's nature. How interesting then the inquiry as to what it is within the animal economy of the gravid woman, that can be acted upon by the epidemic cause to pervert and develop the phenomena of the childbed fever only in that class of persons. And here, it seems to me he may begin to perceive some ground to stand upon. What is it, then, within the animal economy of the pregnant or lying-in woman, that can be acted upon deleteriously by the poisoning force of the epidemic cause, whereas all other members of the human race are not obnoxious to the power of that cause?

For my own part, I confess that when I contemplate the living being, man, I am compelled to attribute to his nervous element, or nervous substance or mass, all his impressionable quality, as well as all his perceptive and motor force—not motion; for I can not but

consider that he lives by his nervous mass, and through it alone; and that whatever within him, participates in the condition of vitality, does so because, and solely because it participates in the nervous substance, nervous element or mass; and that nothing within him lives save because of its nervous element. If the blood-disk lives, if the maculæ germinativæ are alive, if an ovarium ovule lives, if the nucleus of a cell is endowed with plastive or alterative forces, it is, in all these cases, because the disk, the maculæ or the nucleus, are endowed with nervous mass, in the condition of what Oken calls point-substance. And now, having made this averment, it seems unnecessary to say that I consider the derm, muscle, mucous and serous tissue, the vascular, absorbent, and indeed all the tissues, whether of a general or a special anatomy, to be endowed with life-force, only in virtue of the nervous mass within them, without whose presence and combination in them no vital power or organization could possibly exist in them.

This is the ground, upon which I say, the Student can stand, and on which he shall be sure at last to find a firm and solid footing." (p. 632–633.)

Within the passing year we have had occasion to notice two marked exceptions to the remark, "that the cause of Childbed Fever operates upon the pregnant or lying-in woman only."

One of these occurred in a lady who had been treated by an accomplished physician of a neighboring city for hydrometra. Whilst yet convalescent, she was exposed both to the influences of social excitement and atmospheric vicissitudes, by which a rapidly destructive inflammation was developed that terminated with the form of spasm which Professor Simpson describes under the name of Puerperal Tetanus. The other took place in a woman who was attacked with one of those hemorrhages which happen to females at the decline of menstruation. Her symptoms were violent, the progress of the case rapid and ended with tetanic symptoms like the other.

What the author says in another paragraph on epidemic prodromes taken in connection with such cases as referred to above, rather than described, ought to establish the doctrine that the cause of puerperal fever is a pervading atmospheric influence waiting to become active by the occurrence of some accident which impairs the integrity of the genito-abdominal tissues.

"I am quite sure that all those practitioners who have lived during the prevalence of the epidimic, even without meeting with the cases in their own practice, must have made the observation as to the slowness and difficulty of recovery in the majority of lying-in woman during the reign of an epidemic childbed fever; and hence we may rightly infer that the *cause* has acted on these very persons that Dr. Clarke describes, and the like of which have been by almost all obstetricians, but so feebly as only to render them unfit to "get out

of bed" as soon after the fire as is to be usually expected. For my part, I cannot doubt that, during the reign of epidemic cholera in Philadelphia, when we lost some seven hundred citizens out of 420,000 souls, there were more than 100,000 persons suffering more or less from the operation of the cause; whereas, in fact, not many thousands of them felt or perceived anything positively amiss in regard to their health. Those only in whom some occasional cause came to start the train of morbid symptoms, could give evidence of the power of the proximate *causation.*

In like manner, I conceive that, in a fatal epidemic childbed fever in Hotel Dieu or Dublin Hospital, the cause could not but embrace within its epidemic sphere all the nurses and attendants in the house; but, wanting the occasional causes, none sicken save the pregnant and lying-in inmates of the houses, the districts, or states, comprised in the catalogue. I conceive that these remarks are just, and that they show how it may happen that an epidemical constitution of the air may incline many women in childbed to fall sick with peritonitis, or metritis, or phlebitis, although the *cause* is of such power as to be wholly incapable of making any persons except these very women fall sick.

Many medical men, and along with them a major part of the unthinking, unreasoning public, looking in vain for rationales of the cause of childbed fever, endeavor to satisfy their hankering after knowledge on that point, by adopting the notion that the cause of *epidemic* childbed fever is a contagion." (p. 634–635.)

We regret our inability to follow the author to the close of this chapter and to examine, by the aid of the text, the question of a specific contagion as the cause of this terrific disease. But having exposed our own sentiments and done enough to disclose the opinions of the author, we feel constrained to dismiss the subject without an allusion to the plan of treatment proposed. Regarding the disease as inflammation, the treatment, of course, should be actively antiphlogistic.

We should be happy to know that every American student of medicine was the possessor of this admirable Treatise on Obstetrics.

Z. P.

Forfeiture of Diplomas.—The graduates of both the medical colleges in Georgia receive their degrees with the express stipulation, that the faculty have the power to cancel the diplomas of any of their pupils who shall at any period degrade themselves by becoming quacks. Well done, Augusta and Atlanta; but what is to be done with those colleges which graduate notorious quacks on payment of fees, knowing that they are and intend to be quacks from the start?—*Louisv. Rev.*

SELECTIONS.

ADDRESS OF GEORGE B. WOOD,

PRESIDENT OF THE ASSOCIATION.

Custom demands, as one of the expiring duties of your presiding officer, that he should leave a legacy at least of good wishes, if not of something more valuable behind him. In compliance with this duty, I propose to say a few parting words, which, whatever else they may convey to you, will assuredly not interpret duly the sentiments of him who utters them, unless they make you sensible of his grateful and most kindly feelings towards his fellow members, and of his zealous interest in the great objects of our Association.

The present is a suitable occasion for taking a survey of the Association; for looking round towards the boundaries of its labors, interests, and duties, and noting whether something may not present itself in the view, which may profitably occupy, for a few minutes, our serious and earnest attention. Let us first throw a comparative glance from the present backward to the past. Perhaps by so doing we may be better prepared to look forward intelligently into the future.

Have the hopes with which the Association set out on its mission of self-imposed duty, been fulfilled? Has the loud call which it sent forth through the nation, startling the profession from its uneasy slumber, succeeded in awakening it thoroughly to a sense of its high responsibilities, and arousing a determined spirit of progress? Or has it died away in gradually diminishing echoes, leaving but a drowsy memory of that spirit stirring appeal? Have the annual gatherings of the elect of the profession, their joint deliberations in council, their various legislation, the practical inquiry set on foot or encouraged, not omitting their exploits at the festal board, and kindly interchange of thought and sentiment in social assemblage; have all these been without fruit? Have they been the mere course of a phantom ship through the ocean of human events, leaving no track in its passage, and bearing no freight onward to its destination?

Were we to listen to the clamors of opposition, the whisperings of discontent, or the murmered disappointment of an over-excited expectation, we might be disposed to give these questions an unfavorable answer; to cease our struggles for an unattainable good; and with the wings of the spirit folded and its head drooping, to submit in sadness to an inexorable destiny, chaining us in submission to all present evils, and jealous even of a glance towards the higher and the better.

But happily such is not the voice of a clear and unbiassed judgment. It is true that the Association has not accomplished the whole of what it aimed at. Like all other young things, conscious of a stirring life within, and feeling no limits to its yet untried powers, it hoped and strove beyond the possible; it struck in its soaring flight against the iron will of circumstance, and for a time at least

fell back, stunned though not crushed, into humbler aims. Yet, even as regards medical education, which is the main point of failure, its efforts have not been all thrown away. Some advance, however small, has, I think, been already made; and bread, moreover, has been cast upon the waters, to be found after many days.

But outside of this vexed subject, much, very much has been accomplished. I will not appeal to the ponderous volumes of our *Transactions*. They speak for themselves. To say that there is no chaff among their solid contents, would be to say what is neither now nor ever has been true of any large book, with one solitary exception. But I believe that all present will join in the opinion, that one who searches these records, with a sincere and candid spirit, will find in them much that is good; much that may warrant the self-congratulation of the Association for having originated or called it forth.

But, whatever credit may be given to these living witnesses of our labors, one fact is evident, that the medical mind has been aroused; that the spirit of improvement has breathed upon the masses of the profession, and everywhere scattered germs, which are now developing, and will probably hereafter continue to develop, even in a still higher ratio, into earnest efforts for self-culture, and general advancement.

Stagnation, in the moral, as in the physical world, generates corruption. Agitation, though often in its extremes a cause of evil, and sometimes of unspeakable present wretchedness, generally purifies in the end, and if restrained within due limits, is a source of unmixed good. The medical mind, anterior to the birth of this Association, was in a state of comparative inertia. In all the departments of the profession, the educational as well as the practical, material interests began to predominate. There was danger that the profession might sink to the level of a mere business. Noble aims; high aspirations; the general good; the spirit of self sacrifice; these began to be looked on as wordy inflations. The great struggle seemed to be, in the practical, to gather patients; in both, to swell the pockets. Stagnation of the professional spirit was breeding noxious influence in its motionless depths. No wonder that quackery loomed upward, as regular medicine began to sink. There was danger that the public might be able to see little difference between them; and the fact is, that the line of demarcation was not very distinct, even to the professional eye. They ran into each other, at their extremes, by quite insensible shades.

But the Association arose, and a new spirit was awakened. Many had been watching this apparent abasement of the profession with sorrow; but they were powerless in their isolation. No sooner had the flag of the Association been given to the breeze, than they hastened to join its standard. From all quarters, and from the remotest bounds of the country, volunteers poured in to join this great crusade against the evils, which had been usurping the sacred places of the profession. The mass of medical society was moved to its very depths. Hundreds upon hundreds came forth from their sheltering privacy, and threw their souls into the grand movement which was

to reconquer, to purify and regenerate the prostrated glory of their calling. The feeble voice of opposition was heard for a moment; but was drowned in the overwhelming shouts of the masses, crying out, Onward! Onward! Even the advocates of the material principle, who could not raise their souls above the level of dollars and cents, found it expedient to chime in for a time with the almost universal voice: and to the enthusiastic it seemed as though a professional millenium was approaching. I need not follow the march of the crusade. I need not recall the varied experience which has but confirmed that of all other revolutionary uprisings, that, except under the influence of a power higher than human, which can regenerate the hearts of men, whatever temporary change may be made in the surface of things, in mere form and arrangement, it is only by the slow working of time that radical and lasting reforms can be effected. Who ever beheld a great nation made by a written constitution? We have had paper republics as thick as the leaves in Vallambrosa; but where, and what are they now? To make a great and free nation, the people must have the principles of greatness and freedom implanted in their hearts. So it is with lesser Associations. It is vain to alter forms unless the substance is altered too. The Association has discovered this truth. It no longer seeks to work miracles, but is content with following the methods of nature and providence. It has done a great thing in beginning the movement. It is doing what it can to further that movement, and to consolidate its results.

Who is there that has lived and observed through the last ten or fifteen years, who cannot see that our profession has been moving onward and upward since its great awakening; perhaps slowly, perhaps now and then halting, but on the whole advancing, and with an irresistible force, because it is that of the mass. It is not now a few leaders who are enkindling by their own enthusiasm, a feeble and temporary blaze of excitement in the multitude; dragging them forward as with cords by their own strong zeal and fiery spirit; it is the inborn soul which is animating the great body, and carrying it forward in its legitimate course.

Had the Association done nothing else, I will not say than originating, but even than aiding and concentrating this rising up of the profession, it would have performed a service entitling it to everlasting gratitude, and to an imperishable name in the medical annals of our country.

A great benefit conferred on the profession by the Association, was the preparation and adoption of a code of medical ethics. I need not say to *you*, that this code is merely an expression of the great principles of truth, justice and honor, in the application of the relations of physicians to one another, their patients, and the public. It is the voice of wisdom and experience speaking from the past, and meets a ready response in the breast of every man possessed of a good heart, a sound judgment, and correct moral principle. Should any one find a repugnance to the observance of its rules rising up within him, let him for a moment reflect whether this may not spring from some evil source in himself; whether it may not be the result rather

of an unwillingness to make what he may deem a sacrifice at their suggestion, than of a real conviction of their injustice or impropriety. Which is more likely to be true; the unbiassed and unselfish judgment of the wisest and most experienced in the profession, or an individual decision which may at least be suspected of a selfish basis, and of which no man, if his interests or feelings are in any degree involved, can say that it is quite pure; for no man can judge impartially in his own case. A becoming modesty would lead him to suspect that the fault might be in himself, and a becoming spirit to search into the secrets of his own heart for the root of the evil, and to pluck it out if discovered. I have no doubt that a full observance of these rules would tend, more than any one thing else, to maintain harmony in the profession, and to elevate it in the public esteem. It would render impossible those unseemly disputes, founded on petty jealousies, and supposed opposition of interests, which, probably beyond any other single cause, expose the profession to obloquy and ridicule. A copy of the Code should be placed in the hands of every young man about to enter upon the practice of medicine, with the urgent advice that he should make it the guide of his professional life; that he should not only regulate his conduct in conformity with its precepts, but should educate his heart into a real preference for them. Would it not be an object worthy of the attention of the Association to provide for such a distribution; at least by the publication of a large edition of the Code, to put it in the power of individuals or societies, who might be disposed to engage in this work of beneficence, to do so with as little cost to themselves as possible? I do honestly believe that, to a young physician going forth into a life full of moral conflicts, the wearing of this ægis would be one of his surest defences; that, next to the holy Scriptures, and the grace of God, it would serve most effectually to guard him from evil.

Not one of the least advantages of the Association is, that, representing as it may be said to do, the medical profession of the country, its voice, when nearly or quite unanimous, will be considered as that of the whole medical body, and thus have weight, both in the community at large, and in the legislative councils of the nation. It is only thus that the profession can make their special opinions and wishes known and felt. I have been told that the representations of the Association had much weight in determining a satisfactory arrangement of the question respecting the relative rank of the Surgeons in the navy. It is to be presumed that the patriotic physician who brought before Congress the memorable measure for establishing a general inspection of imported drugs, was materially aided in carrying it through by the approving voice of the profession, speaking in the memorial from this body. On another occasion, you were heard, through your resolutions, pleading in the Halls of Congress, in favor of a great measure of honesty and justice, when you petitioned for an international copyright law between the United States and Great Britain; and, should such a law ever be passed, it will not be claiming too much for the Association to say that it will have contributed to that result. Your resolutions from time to time, in advocacy of a

system of registration of births, deaths, &c., have probably also added something to the mass of influence which has brought legislation to bear on this most important subject, though, it must be acknowledged, hitherto but very partially, and, with some honorable exceptions, ineffectually.

There is one other view of the beneficial influence of our great gatherings which I cannot pass unnoticed.

The effect of isolation is well known in breeding excessive self-respect, distrust of others, and narrow, selfish, and sectional views and feelings. Man is naturally gregarious, and it is only in association that his nature can receive its full development; that the seeds of the better qualities within him can be made to germinate, and the qualities themselves to grow up, under culture, into their just magnitude and proportions.

Our Association brings together many who would otherwise never meet, from sections remote from each other, and differing much in views, habits and feelings. We come, partly at least, for relaxation from the cares and toils of business, prepared and desirous to be pleased. Each one naturally, and without design, turns out the fairest side of his character, "his silver lining to the sun;" and all consequently make and receive favorable and kindly impressions. Each place selected for our meetings feels its character for hospitality involved in the reception of its guests, and every effort is made to extend all proper courtesies and kindnesses to the assembled representatives of the profession. In parting, therefore, we carry with us friendly remembrances of one another, and of the place of assemblage, to our several far separated homes. These remembrances serve as so many cords, not only to bind the members of the profession together in one harmonious whole, but also, intertwined with other similar agencies, to counteract the centrifugal tendencies of our political system, and to keep it moving onward, each part in its due place, in that majestic course, which, while shedding beneficent influences throughout its own great circle, attracts the admiring and hopeful gaze of humanity everywhere.

Having thus hastily scanned the present and past of the Association, let us turn our thoughts briefly towards the future. A few words will convey all that I have to address to your attention.

It seems to me that experience should have taught us this one lesson; not to aim at once at sweeping changes; but, having determined what great objects are desirable, to keep these always in view, and, by the persevering use of such influence as may be at our command, securing one point in advance before hastening to another, to move on slowly but steadily to our ends. These must ever be, the improvement of the profession itself, the advancement of medical science, and the promotion of the public good, so far as that may, in any degree, be connected with our special pursuit. Each of these points requires a brief notice.

In the improvement of the profession, the Association has from its foundation recognised, as an essential element of success, a higher degree of qualification in those who are to become its members. But

for the attainment of this object they can use no coercive measures. The only power they can exercise is that of opinion. Our only appeal is to the judgment and conscience of those concerned. But much may in time be done in this way. It is impossible that intelligent and honorable individuals, possessed of that share of conscientiousness which belongs to most men, and is certainly not deficient in our profession, should long resist such appeals, proceeding from a source so worthy of respect as this. Let us reiterate, from time to time, our convictions of the necessity for improved preparatory education, for a longer devotion to the proper studies of the profession, for a junction of clinical with didactic instruction, and finally for something more than a mere nominal examination before the admission to the honor of the doctorate, or the privileges of a license to practice; points which have ever been insisted on by the Association; let us, I say, reiterate these convictions; and like slowly dropping water, they will at length, however gradually, wear their way through the hardest incrustration of prejudice, interest, indolence or indifference, and reach the conscience with irreststible effect. While bringing to bear upon this resistance, the considerations of reason, duty, honor, and even an enlightened self-interest, we must carefully avoid all violence of procedure, as likely only to add the hostility of passion to other opposing influences. By this course universal opinion will be gradually conciliated; and interest itself will find its own ends best promoted by compliance with the general will. Already some advance has been gained in this direction; and the Association, by perseverance, may yet see all its reasonable wishes accomplished.

In relation to other measures for elevating the character and increasing the efficiency of the profession, there appears to me nothing more at present for the Association to do, than to go on as it has begun. Its continued existence alone is a great good; for it is annually bringing large numbers, simply through membership in its body, to participate in its feelings, and to acknowledge its obligations. Let us then maintain unshrinkingly the standard of professional honor and morals that we have erected, and decline association with those who will not recognize that standard, or having recognized, abandon it. Let us adhere unswervingly to the line which has been drawn between regular and irregular medicine, and treat the practitioners of the latter with the silent disregard they merit. This is the only course for the regular practitioner. To wage a war of words with quackery, is to do what it most delights in. It would be to contend under the government of honor and principle, with antagonists who acknowledge no such restraints. In our private intercourse with friends and patients, we may explain the grounds of difference between ourselves and the irregulars, may demonstrate the absurdity of their pretensions, the danger of their practice, and the iniquity of their conduct; in short, may endeavor to enlighten wherever light is acceptable, or can penetrate. We may even, if the public interest seem to require it, put forth refutations of false doctrine and assertion, and exposure of subterfuge, trickery and imposture; but with the irregulars themselves we should enter into no

relation, whether of friendship or hostility. I do not say that there may not be honorable and honest, though ignorant and bewildered men among them. But we cannot discriminate. With the presumed advantages of their asssociation, they must be content to take also the disgrace.

There is a point to which I would call the attention of the members of the Association individually. We have been called *Allopathists*, in contradistinction to a set of irregular practitioners who have taken to themselves the title of *Homœopathists*; the latter term signifying that its professors treat disease by influences similar in their efforts to the disease itself; the former that *other*, and of course dissimilar influences are used. It must be remembered, that the designation was not adopted by ourselves, but conferred upon us by Hahnemann and his followers. The intention was obvious. It was to place the regular profession and their own scheme on a similar basis. They practised on one principle, we on a different and somewhat opposite principle. They graciously allowed that our principle was not altogether ineffective; that we did sometimes cure our patients; but theirs was sounder in theory and more successful in practice. Now, by recognising the name, we necessarily recognise the principle also, and thus put ourselves in a false position. In deciding between them and us, the ignorant masses think they are deciding between two systems, neither of which they understand, but of which they must judge upon the ground of relative success. Diseases often get well of themselves if left alone. The genuine homœopathist leaves them alone, and they often consequently terminate in recovery. This success is magnified by methods well understood; and multitudes are thus led astray, especially among the delicate and refined, who abominate the taste of medicine themselves, and are equally averse to the task of forcing it down the throats of their children. But we are *not* allopathists. The regular practice of medicine is based on no such dogma, and no exclusive dogma whatever. We profess to be intelligent men, who seek knowledge in reference to the cure of disease, wherever we can find it, and, in our search, are bound by no other limits than those of truth and honor. We should not hesitate to receive it from the homœopathists, had they any to offer. We would pick it up from the filthiest common-sewer of quackery; for, like the diamond, it has this excellent quality, that no surrounding filth defiles it, and it comes out pure and sparkling, even from the kennel. This is the light in which the medical profession should present itself to the community, We are men who have sought in every possible way to qualify ourselves for the care of their health. We present them, in our diplomas, the evidence that we have gained sufficient knowledge to be trusted with this great charge; and we stand pledged before them to extend our knowledge and increase our skill, as far as may lie in our power. Membership in our honorable profession is the proof we offer that we are no false pretenders, no interested deceivers; but upright men, intent on the performance of our professional duties. This the people can understand. But when we designate

ourselves as *allopathists*, they may well ask, in what are you better than any other medical sect, than the *homœopathists*, the *hydropathists*, the *Thomsonians*, the *eclectics?* Let us discard, therefore, the false epithet. Let us not only never employ it ourselves, but show that, when applied to us by others, it is inappropriate and offensive, and that the use of it in future would be contrary to gentlemanly courtesy, and the proprieties of cultivated society. I say again, we are not *allopathists*, we are simply *regular practitioners of medicine*, claiming to be honest and honorable—in other words, to be gentlemen.

The efficiency of our profession is to be increased not only by increasing its qualifications, but also by all upright measures calculated to win the confidence, and thus widen the fields of our operations. In this respect, I do not know that the Association can do better than to persevere as it has begun; and, by the propriety and dignity with which it conducts its own proceedings to show to the world the high influences under which the profession acts, and demonstrate that it possesses those qualities of self-government, so useful to the medical practitioner, and so characteristic of the gentleman in all his relations.

The improvement of the *science* of medicine has always been a favorite object of the Association. The appointment of committees to investigate and report on certain stated subjects, the reception of voluntary communications, the offering of prizes to competing contributors, and the publication of our *Transactions* annually, are the means employed for this purpose; and I have nothing better to suggest.

The remaining point for consideration is the promotion of the public good. Happily, such is the nature of our profession, that the more we improve ourselves, the better do we fulfill this great duty. But there is something else to be done. There are certain great interests of the community, relating to their health, of which medical men are the only good judges, and the various influences affecting which they only can duly appreciate. Upon these points it is our duty to be ever on the watch, and not only, like faithful sentinels, to give notice of danger, but, like heaven-appointed agents, as we are, to use our best efforts and influence to prevent or remove it, and, in every practicable way, to guard the public health.

To the establishment of a general system of registration throughout the country, our attention has already been given. We should not relax our efforts, until the great end has been accomplished.

There is another subject deserving of our most serious consideration. You are all aware what advances have recently been made by the smallpox in many parts of our country. Thousands are perishing annually, for whose deaths we are, as a profession, in some degree accountable. There is no occasion for this mortality. Vaccination and revaccination, duly performed and under proper circumstances, are, I will not say an absolute certain, but a very nearly certain safeguard. I have never known of death from smallpox, after an efficient revaccination; and only one instance of the occurrence of varioloid. But the profession and the community have both been

too careless upon this point. Food for the pestilence has been allowed to accumulate; and it has been rioting with fearful results in many parts of our country. The profession should rouse itself from this apathy, and warn the community everywhere of the danger, while offering them the means of security. We may be accused of self-interest in urging this measure of precaution; as our own instrumentality may be necessary, and must be compensated where the means exist. But a moments reflection must convince the most stupid that it would be much more to our pecuniary interest to attend a protracted case of smallpox, than to perform a trifling operation which is to prevent it. There are, however, many occasions in which it is necessary to do our duty at the risk of obloquy; and this is one.

But perhaps I have been somewhat unjust to the profession. The people have in many places, and probably in some degree, in almost all, chosen other guardians of their health, and rejected our offered aid. It has happened to me to become acquainted with one neighborhood in which smallpox has recently prevailed; but not a single case occurred within the circuit of the regular physician's practice. Those families only suffered who had intrusted the care of their health to an empiric, who, for ought I know, may have been ignorant alike of smallpox and of vaccination. It is highly probable that many of those who now hear me could give a similar account of their own neighborhoods. The public should take the subject into their hands. Provision should be made, with legislative sanction, for universal vaccination. If the evil were confined exclusively to the negligent individual, the public might possibly have no right to interfere. But whole communities suffer, and government may and ought to step in for their protection. A man is prohibited by law from setting fire to his own house, because a neighbor's may suffer. Which is the greater evil, that our house should burn, or our families perish with smallpox? It might be impossible in this country to establish a system of compulsory vaccination; but legislation might go far towards attaining the same end, and without this obnoxious feature. Time, however, does not permit me to follow this interesting subject in all its ramifications. I must content myself with having introduced it to your notice. If the profession can do nothing more, they can at least raise a warning voice everywhere, and this will be doing much.

I must close with begging you to excuse the length into which I have been drawn in the discussion of the important points that have engaged our attention. I intended to be very brief; but few men when they have taken their pen in hand, can say to the flowing tide of their thoughts, "thus far shalt thou go, and no farther." Allow me, in a few parting words to thank you warmly for your attention, and to express the hope that our labors, during the present session, may tend to confirm the good that has been done, and to carry us still further onward in the great road of progress; so that, hereafter, the meeting at Detroit may be remembered as one, at which we may all be gratified and proud to have assisted.

REPORT OF THE COMMITTEE ON PLANS OF ORGANIZATION FOR STATE AND COUNTY SOCIETIES.

The Committee on Plans of Organization of State and County Societies, respectfully report:

That they have had the subject assigned them under consideration, and are deeply impressed with its importance to the cause of medical improvement. Indeed, of the great desirableness of a thorough organization of our profession into State and County Societies, there can be no doubt among those who have given the subject attention.

That the American Medical Association has ever appreciated this fact, and the objects to be attained by organization, is evinced by its repeated expressions and acts. In the preamble attached to the constitution of this body, the objects of its organization are declared to be: "For cultivating and advancing medical knowledge; for elevating and advancing the cause of medical education; for promoting the usefulness, honor, and interests of the medical profession; for enlightening and directing public opinion in regard to the duties, responsibilities, and requirements of medical men; for exciting and encouraging emulation and concert of action in the profession; and for fostering and facilitating friendly intercourse between those engaged in it." And, in order that these great objects might be effected throughout the masses of the profession and the community—that all might participate in their advantages, the Association has held out, and in the appointment of your Committee and through its efforts, strives still to hold out all possible inducements for the universal formation of State and County societies, preferring that they should be auxiliary to this body, and directly co-operate with it, in its efforts at improvement.

Your Committee are of the opinion that in no profession is there so great a necessity for a thorough education and discipline of those entering it, and for all the aids which association may afford to improvement afterwards, as in that of medicine. In this, there are, perhaps, greater opportunities for tolerated empiricism, and stupid routinism, for baseless pretensions and reckless blunderings, than in any other.

The people are more ignorant of the principles of medical science than they are of those of the other learned professions, and, for this reason, are less qualified to judge of the acquirements of a physician, than of other professional men. The talents and acquirements of the clergyman the lawyer are brought to a more searching popular test than those of the physician. The clergyman's public ministrations are laid open to the appreciation of all. His audience are, to a large extent, competent judges of his pulpit efforts, and if he manifest ignorance, stupidity, or superficiality; if he descends into monotonous mumblings in matter, he forthwith falls in public estimation to the low level he deserves.

The lawyer is brought to a still more severe test. All his legal papers must be drawn up with the most scrupulous technical accu-

racy, or they will fail of their object, and be inevitably attended with palpable exposure and pecuniary loss. Here all great errors are open and apparent, involving the reputation and standing of the practitioner: and, before the bar, the lawyer is brought in open conflict and comparison with a keen-eyed opponent, before a sagacious court, fully understanding the principles which are discussed, and who indicates in his open decisions which party is in the right.

With both these latter professions there is every inducement of a personal and selfish character, to stimulate exertion, to induce the most careful preparation, and excite the most strenuous effort; and with one of them are other peculiar and sacred motives, extending far beyond all earthly considerations.

The knowledge and abilities of the physician in the practice of his profession, are not tested in the same direct and open manner. The character of his business is such as more or less to conceal it from public gaze. He has to do with the secret and hidden springs of life. He does not come in contact with the same eagle-eyed opponent, and his labors are not watched and decided upon by the same sagacious and discerning gaze. The grave too often conceals his blunders, and few or none, are competent to decide whether the protracted sufferings, the lost vigor, and the shattered constitutions of those who survive, are the necessary consequences of disease which could not have been prevented, or are the results of inefficient or injurious treatment. Indeed, so erroneous is the judgment of those by whom he is surrounded, that he is often praised for his errors, and censured for his highest skill. He sees the bold and unscrupulous pretender, alike ignorant of the disease he treats and the remedies he employs, exalted in popular estimation for the occurrence of events to which he has in no wise contributed, and extolled for recoveries, of which the least that can be said is, his bad management did not effectually prevent them; and the honest physician often feels that varied knowledge and consumate skill, so far as popular favor is concerned, are of less consequence than the possession of other characteristics, of which, in the light of his conscience, he cannot certainly be proud. At least in this erroneous popular estimate—in this darkness which surrounds his performances, there is an absence of many of those incentives to improvement which are present with the other professions. If the physician is not a real lover of science for its own sake, or a man of genuine, active, intelligent, benevolence, he has comparatively little to stimulate him to exertion; and if not thoroughly instructed in the beginning, and if his ambition is not aroused and kept alive by constant professional intercourse with the more enlightened members of the fraternity; if his knowledge be not brought to the light, where it can be seen and appreciated, he is in imminent danger of falling into a state of mental indifference and inefficiency, of lagging sadly in the march of progress, and becoming a blemish rather than an ornament to the profession, which, in more than one sense he follows. Even the greatest lovers of science, and the best of men, require these stimulants for their full development.

Besides the influence which association has upon individual growth

and character, the nature of the science itself particularly demands the organization and concerted action of those who are engaged in its cultivation. Medicine is peculiarly a progressive science. Though the facts and principles upon which it is founded are among the fixed truths of nature, the eternal laws of God, yet all those truths and laws bearing upon the subject are not yet discovered, and the varying conditions of the mystery of life, are ever producing new and varied results, requiring continued observation, record, and comparison; and so innumerable are these hygienic, etiological, and therapeutical relations of external objects, and the peculiarities of organization and the vital force, that the science of health, of disease, and of cure, becomes boundless in its extent, and indefinite in its progression; and, as its greater development is so important to the interests of humanity, it imperatively demands, not only the arduous, but the systematized and concerted labors of its votaries.

In considering specific laws of organization of State and County societies for general adoption, your Committee have experienced embarrassment. In the first place, they do not conceive that this body has the power or the right to dictate positively to these societies the specific form of constitutions, in all their details, which they should adopt. This Association has doubtless the power to determine who shall constitute its members, and could, by the exercise of that power, prescribe the character of the societies which should be represented here; but, in the judgment of your Committee, it would be impolitic, if not wrong, to dictate any measures to societies other than those which are vitally important in carrying out the great principles for which this organization was established.

Almost all communities, of whatever degree of enlightenment, regard themselves as best qualified to frame, at least in the main, the instruments by which they are to be governed; and this is particularly the case in our own country, where there is so much of the spirit of independence, and where, in our political relations, we have the examples of the States forming their own constitutions, and enacting their own laws, with very limited restrictions on the part of the general government. Besides, many States and Counties are already organized into societies, some of them of long standing; and, having become accustomed to particular forms, which serve well their purpose, they would very reluctantly abandon them for others they had not tested. Indeed, some societies are established by the laws of the States in which they are located, are endowed with certain legal powers and privileges, and provided with specific constitutions which could not be altered without statutory provisions on the part of those States.

In view of these facts, your Committee do not deem it advisable to present in detail, forms of constitution for this Association to peremptorily prescribe to all State and County societies. They will, however, at the close of this report, present the outlines of a constitution for a State and one for a County society, of the most simple form, as suggestive guides to those States and Counties where

societies are not organized, or where it may be thought their organizations require remodelling.

There are, however, some provisions which your Committee deem essential to the carrying out of the leading specific objects of this Association, and, therefore, within its province to urge upon those societies which seek a representation here, if not to insist upon them by all the power which it possesses. These are certain specific means for "elevating the standard of education" among medical men, and particularly of "preliminary education;" and of "cultivating and advancing medical knowledge." The standard of education, and particularly of academic education, for admission into the profession, is universally acknowledged to be by far too low. Indeed, in regard to academic acquirements, there is among the schools, scarcely a standard at all. This remark has not reference to exceptions, but is intended to have a general application among us; and we are sorry to learn from a recent "Introductory Lecture to the Medical Session of the University of Dublin, by William Stokes, M.D., Regius Professor of Physic," that this state of things is not confined to our own country. In the lecture, he says: "I can speak on this subject" (of merely special or professional education, while neglecting general or academic) "with confidence, for I have now been more than twenty-five years occupied in the teaching of clinical medicine, and I know that some of our students have obtained their diplomas from various licensing bodies, without possessing that knowledge indispensable to a common clerk."

As to the most efficient means of elevating the standard of education, preliminary and professional, which at the time of its inception, was the governing motive in establishing this Association, there seems at present to be some differences of opinion. Hitherto, the power of the Association, at least such power as is contained in recommendations and resolves, has been expended chiefly, though in most instances it must be confessed, almost vainly, upon the schools. These institutions have by most been considered as mainly, responsible for the low standard of admission to the profession which all aknowledge to exist. They certainly have the power to make their own regulations; to dictate their own terms for the admission of students; to prescribe the extent of instruction given them, the length of time it shall continue, and the amount of knowledge of every kind they shall possess before receiving medical honors. It is well known, and by none better than by those connected with the schools, that many students, without appreciating their best interests, will seek for the most easy and rapid attainment of a degree; and the schools being charged with the principal labor of furnishing instruction, and being placed by their licensing powers as the guardians of the public and the profession, are regarded as most solemnly bound to exclude all from the privileges and honors they are capable of bestowing, who will endanger the safety of the public, or the honor of the profession.

In order to diminish the weight of this responsibility, especially in regard to preliminary education, some connected with the schools

have charged the private members of the profession with dereliction of duty in receiving persons into their offices as students of medicine, without regard to their mental, moral, or educational fitness for becoming respectable physicians, and thus furnishing the schools with defective materials; and private members have even been charged with encouraging students to attend those schools where diplomas are most easily obtained; and it is therefore contended that the professional standard is to be most effectually elevated by inducing private preceptors to allow none to come under their instruction who are not qualified by original capacity, by education and discipline, to do honor to the profession and serve usefully the community.

Without attempting to shield the schools in the slightest degree from the responsibility which necessarily belongs to those who assume to qualify young men for the practice of medicine, and to judge of their fitness for doing justice to their calling—in fact, to induct them into the profession—your Committee are nevertheless of the opinion that there is much force in the charge against the body of physicians, and that they have responsibilities in this matter which they cannot evade.

To bring the profession at large to co-operate in the elevation of its own character, and believing that upon them and their action, more than upon corporations, must the reform which is sought ultimately depend; your Committee recommend that all local or county societies represented in this body, be directed to incorporate into their constitution or by-laws, provisions for the election of a Board of *Censors*, whose duty it shall be to examine all persons applying for admission as students of medicine into the office of any members of such societies, and that no member shall admit any student into his office, until he shall receive from the board of censors a certificate that he possesses a good moral and intellectual character; a good English education, including a thorough knowledge of the English language, and a respectable acquaintance with its literature and the art of composition; a fair knowledge of the natural sciences, and at least the more elementary mathematics, including the main elements of algebra and geometry, and such an acquaintance with the ancient languages as will enable him to read current prescriptions, and appreciate the technical language of medicine.

Your Committee hope that the propriety of this measure will be sufficiently apparent to this body to secure its favorable consideration. Nothing need here be said of the importance of a respectable preliminary education and the possession of a good mental and moral character by those entering upon the study of medicine. With regard to education, it is well known that early deficiencies are seldom supplied in after life, and a want of mental discipline and ignorance of language will obstruct often irremediably the course of successful study; and without the possession of proper mental and moral qualities, all attempts at obtaining respectability in the profession will of necessity be futile. Here is the great foundation of the evils under which we suffer, and the removal of this foundation is positively essential to the complete redemption and preservation of our body

from degradation and dishonor. If the profession to any considerable extent, be filled with men of feeble, unprovided, or undisciplined intellects, of indifferent morals, and of boorish manners, it will as a body receive as it will deserve, the disrespect, if not the contempt of an intelligent community; and in the pursuit of the science of medicine, as in everything else, there must be an adaptation of men and means to the objects to be accomplished, and there must be a proper beginning to secure a successful issue.

It is quite obvious that at the commencement of professional studies, at the point of determining a course for life, is the proper time for testing preliminary preparation, and general mental and moral fitness, and it is important for the schools to erect a standard on these subjects, only because it is neglected by those who have charge of students at the beginning of their professional course. But if this were not the natural and proper time for such examinations, the fact that the schools have so generally and for such a length of time neglected the recommendations of this body, affords sufficient reason for directing the efforts of the Association to a point where efforts have not yet been proved to be useless. When the Jews would not receive the ministrations of Paul and Barnabas, the great apostle exclaimed: "Lo, we turn to the Gentiles."

It has already been intimated that the cultivation and advancement of medical knowledge is another principal object of all our organizations. In a science like that of medicine, based less upon theoretical speculation and *a priori* reasoning, than upon definite and observed facts, it is obvious that the most direct and certain mode of increasing its knowledge is by the careful observance and record of these facts; and it is equally obvious that the more numerous are the facts thus observed and recorded—the more they partake of the character of extended statistics—the more positive will be the knowledge obtained, and the more reliable the inferences drawn. Indeed, the most prolific source of error in medicine, both as regards etiology and therapeutics, consists in drawing general conclusions from a limited and insufficient number of facts, or from facts occurring under peculiar circumstances.

It has ever been a desideratum of the first importance, to obtain careful, minute, and extended reports of the local prevalence of diseases, the peculiar characters which they may present, and the peculiar circumstances attending them, as regards their cause, their nature, and their treatment. Such reports not limited to public institutions or to large towns, which would be but imperfect, often erroneous guides to those in the walks of private practice and in rural districts, not restricted to one season in which the "epidemic constitution" may differ from the next, but obtained from a great variety of sources, extending over a lengthened period of time, and in a properly arranged and condensed form placed permanently on record, accompanied with meteorological notations and topographical descriptions; and this going on from year to year through cycles of epidemic changes, would at length accumulate a mass of facts such as has never yet been afforded to medical science, and from which

could be drawn reliable scientific and practical deductions, valuable beyond the bounds of computation. In the opinion of your Committee the accomplishment of this end should be among the chief purposes in all our associations.

This great object, so worthy of a great effort, can alone be accomplished by a full organization and a concert of action throughout the masses of the profession. In proportion to the extent of this work would be its perfection. As suggested in the remarks just made, inferences drawn from observations on these subjects, of one or a few, are liable to error from the existence of peculiar circumstances and fortuitous occurrences; but by the accumulated observations of many, the errors from the few are corrected, and positive truth is approximated.

Your Committee would therefore recommend that all local or County and State societies, which are to be represented in this body, shall have incorporated into their constitutions or by-laws provisions which shall make it the imperative duty of all members of local or County societies to keep at least a brief record of all cases in their practice, depending upon local or general causes, and report as often as annually the number or per centage of each disease occurring during each month, giving the age, sex, and hygienic conditions of the patients, the types of the disease, and the general plan of treatment, together with the results, to a committee of the society to which they belong, which committee shall collect these individual reports, arrange them in due form, adding such remarks as may be necessary, and transmit them to a committee of the State society to be added to other similar reports from the various County societies of the State, and arranged in a collected form, and reported to a committee of this Association, to be again collated or tabulated if necessary, and go in a condensed form into its published transactions.

This plan, as will be seen, constitutes a mutual adaptation of these different societies to each other, and to the accomplishment of the end in view. It makes the County auxiliary to the State societies, and these, in turn, auxiliary to the National Association. It contemplates the creation of a new committee or committees, of this body, which might perhaps take the place or perform a part of the duties of the present committees on epidemics, or if thought more desirable, the reports from the several State societies might be sent to the Committee on epidemics, for the State to which they belong. The object will be attained, if these accumulated facts are by any means placed in a proper form, easy of reference, upon the permanent published records of the Association.

It may be thought that the recording and reporting of cases as contemplated in the foregoing plan, will involve more labor than the majority of members of local societies can be induced to perform; but your Committee are confident in the opinion that it will require comparatively little labor, and that when once engaged in, and the habit is formed, it will by no means be considered a burden.

If a margin be left upon the day-book or the visiting list, or a blank leaf be inserted, or a small case-book be kept, the name of the

disease and such brief notes as are contemplated in the plan, can be easily inserted, and these can be readily posted up from month to month, with such remarks as may indicate the topography, concerned, the state of the season, the general character the particular disease has assumed, the course pursued, and the results which have followed.

The committees of the County societies will not find their labors great, or their tasks irksome. The figures from the reports of individual members can readily be added together, and the per-centage of different diseases shown, and such general statements can without difficulty be made as the facts demand.

For the purpose of giving the facts respecting the prevalence of disease their full value, the complete meteorology of the region must be kept. This needs to be done only by a single individual, for a considerable region, and there are other purposes than medical, which call for the keeping of these records. The Smithsonian Institute, a few years since, undertook the accomplishment of this task on a large scale in many localities, and it is hoped that it may go on and fully succeed in so laudable an undertaking. Should it not, the united effort of the profession might, it is hoped, induce the local civil authorities of each township and corporation to make it the duty, for a proper compensation, of some of its officers to keep such a register and allow copies to be taken for all useful purposes.

For the purposes of our profession they should be very full. The temperature, the moisture, the direction and amount of winds, the amount of sunshine and of cloudy weather, of rain and snow, the pressure of the atmosphere, its electrical state, so far as is possible, the state of terrestrial magnetism, the indications of ozone, and whatever else of external circumstances may be supposed capable of affecting the human organism.

It can but be seen that the value of the facts which might, by the plan thus briefly pointed out, in course of time, be accumulated from every part of the country, would infinitely more than reward in its results the labor bestowed.

Dr. Graves, of Dublin' some years ago proposed the establishment of medical observatories in different parts of the world, for the purpose of comparing epidemics and endemics of different regions, with their meteorology, and the great Humboldt has urged the same idea. Your Committee propose, and ask this Association to exert all the power it may possess, to establish a medical observatory in every inhabited township throughout this vast country, adding thereby the force of great numbers to the strength of conclusions.

To afford a partial illustration of the interest of this subject, reference may be had to the work of the lamented Dr. Samuel Forry, upon "The Climate of the United States and its Epidemic Influences, based on the Records of the Medical Department and Adjutant General's Office of the United States Army." This little work, though embracing the disease of the partial meteorology of the military posts of the country only, is justly regarded as among the most valuable products of our indigenous medical literature. And here

Your Committee are constrained, for the purpose of doing justice to an illustrious statesman of the recent past, to say, that during his administration of the War Office, the meteorological observations upon which Dr. Forry's work is based, had their origin in the enlarged views of the late John C. Calhoun.

But not only will these records be useful for the vast accumulation of facts which will thus be made accessible to future medical philosophers, and rendered available for a more thorough understanding of the cause, prevention, and cure of disease, but their reading and discussion will add great interest to the meetings of societies, as well as utility to their operations, and, it is hoped, will thus cause those societies to be more regarded, and their meetings better attended. This is conceived to be an important object of the plan proposed. One of the chief difficulties in sustaining medical societies, is the want of scientific interest given to their meetings, and the appearance of inutility which so often attends their operations. In our practical times, that which is not palpably useful is not regarded as worthy of existence, and if no prominent object of practical utility is apparent in organizations of this kind, they will be regarded with indifference by practical men, and will fall, as many have fallen, into decay.

Besides these advantages of the system proposed, the habit of careful observation and accurate record of cases which it requires, will have a most decided effect upon the professional improvement of individuals. By it their observing powers will be exercised and developed. Not forming erroneous conclusions in consequence of having distinctly remembered only a few of the cases occurring in their practice, which, from some attending circumstances, most strongly impressed them, while many others, possessing no less importance, and perhaps attended with different results, legitimately leading to other conclusions, have been overlooked and forgotten, they will profit by their own experience, as well as by that of others, and, furthermore, will be excited to higher efforts by being made lively working members of the societies to which they belong, and useful contributors to a great general result.

Of the correctness of these views, and the abstract importance of this subject, your Committee conceive there can be no doubt. The only question that can exist, is, as to the complete practicability of the measure proposed—as to the possibility of bringing the mass of the profession to actually perform the labor required While fully appreciating the difficulty of changing to any important extent the habits of great numbers of men, and fully understanding that great movements of this kind are not usually effected without much effort and time, yet there is believed to be in this proposal no insuperable obstacles to its complete success.

Nothing certainly is in the way but an insufficient appreciation of the importance of the subject, an indifference to its demands, and habits of indolent procrastination on the part of medical men; and may we not hope that if the subject be properly presented by individual and associated action, by the voice and by the press, there will be found sufficient love of science and improvement, of humanity and

of truth, to sweep away all obstacles and carry the American medical profession to *one* position of honor to which no other body of men has yet attained?

In connection with the subject, the discussion of which is now concluded, and which is but one element, though one so important in the organization of State and County societies, your Committee would suggest that for the purpose of encouraging the production of papers of interest and value, that provision be made for transmitting those read before the County societies, which may be judged by them to possess peculiar interest or a high order of merit, to committees of the State societies, to be presented to them by those bodies, and if thought worthy, to be incorporated into their proceedings, and also, that each State society have the privilege at its annual meetings of sending what may be judged its most valuable papers to this body, to be considered by a committee, and if thought by them proper, to be presented at its meetings, and be published with its transactions.

Your Committee would also suggest that in arranging the details of the working of societies, attention should be paid to a proper division of labor. Special subjects should be referred to those members who, from their mental aptitudes, their previous studies, or their peculiar positions, are best qualified to treat them.

Regarding the Code of Medical Ethics of this Association as dictated by wisdom and justice, and believing it important that every member of the profession should be familiar with its high toned sentiments, and be governed by its pure morality, your Committee would recommend that it be adopted by all medical societies, and published with their constitution and by-laws.

In conclusion, your Committee beg leave to present to your consideration the following resolutions, containing a summary of the principal views embodied in this report:—

1. *Resolved*, That the American Medical Association, appreciating the vast benefits to the advancement of medical science, to the profession, and to the interests of humanity, arising from the efficient organization of medical men, call with deep earnestness upon physicians everywhere throughout the country, to form themselves into County and State medical societies.

2. *Resolved*, That this Association earnestly recommend to all County Medical societies to incorporate into their constitutions or by-laws, provisions for the election of a Board of Censors, whose duty it shall be to examine all persons who may apply for admission into the office of any member of the society as students of medicine, and also to incorporate provisions to prevent any member of such society from admitting as a student any person who shall not first receive from the Board of Censors a certificate of a good moral and intellectual character; a good English education, including a thorough knowledge of the English language, and a respectable acquaintance with its literature, and with the art of composition; a fair knowledge of the natural sciences, and at least the more elementary mathematics, including the chief elements of algebra and geometry, and such a knowledge of the ancient languages as will enable him to read

current prescriptions and appreciate the technical language of the natural sciences and of medicine.

3. *Resolved*, That this Association also earnestly recommend to local or County societies to incorporate into their constitutions or by-laws provisions for making it the duty of each of their members to keep at least a brief record of all cases occurring in his practice depending upon endemic or general causes, and report at least annually to a committee of the society to which he belongs, the number of percentage of different diseases occurring during each month, together with the particular type of each disease, the chief modifying circumstances under which it occurred, the general plan of treatment and the results of the cases; and also that these societies make provision for the election of such committee, whose duty it shall be to receive and collate such reports, arranging them in due form, and adding such remarks as may assist to their proper understanding, and to transmit them annually thus arranged to a Committee of the State society to which the local or County society shall be auxiliary; and this Association further recommends that the State societies make provisions in their constitutions or by-laws for the appointment of a committee whose duty it shall be to receive such reports from the local or County societies to again arrange them with other reports from similar societies, placing them in a condensed or tabulated form, and report them annually with proper remarks to a committee of this Association to which the State societies are recommended to become auxiliary.

4. *Resolved*, That this Association make provision for the reception of these reports from the State societies, by a committee or committees, whose duty it shall be to arrange them in proper form, adding such illustrative remarks as may be deemed proper, and to report them to this Association, with a view of having them published with the other transactions of this body.

5. *Resolved*, That this Association recommend the adoption of its Code of Medical Ethics to all societies auxiliary to it, and that they record or publish said code with their constitution and by-laws.

6. *Resolved*, That, in the opinion of this Association, it would tend to the production of papers of great merit, and increase the interests of the meetings of local or County societies, if those papers possessing peculiar merit were referred to the State society as marks of honor, and to be incorporated into their proceedings, if deemed worthy.

7. *Resolved*, That, in arranging the details of the practical workings of societies, due attention should be paid to a proper division of labor, special subjects for investigation and report being referred to members who, from their mental aptitudes, their previous studies, or their peculiar opportunities or positions, are best qualified and most inclined to do them justice.

The following simple outline forms of constitutions for State and County societies, are attached, not as examples to be implicitly followed, but as affording suggestions for those engaged in forming new organizations, and, at the same time, furnishing an opportunity for

presenting an illustrative detail of those features which may be considered as comparatively novel, and which have been urged as important in the report. These provisions, which are thus developed, may be ingrafted into the constitutions of societies already in existence, or enacted by them into by-laws.

PLAN OF CONSTITUTION FOR STATE SOCIETIES.

Article I.

This Society shall be called the Medical Society of the State of ——, and shall be auxiliary to the American Medical Association.

Article II.

The objects of this Society shall be the advancement of medical knowledge, the elevation of professional character, the protection of the interests of its members, the extension of the bounds of medical science, and the promotion of all measures adapted to the relief of suffering, and to improve the health and protect the lives of the community.*

Article. III.

Should specify who are to constitute members, the mode of their election, paying initiation fee, &c.

Article IV.

Officers shall be President, Vice-President, Secretary and Treasurer, and a Board of Censors, &c. Mode of election.

Article V.

Duties of Officers.—President, Vice-President, Secretary and Treasurer as usual. Censors depending upon the laws of the State, &c.

Article VI.

Meetings.—Time of holding, &c.

Article VII.

Respecting Funds.—How raised and appropriated.

Article VIII.

The Code of Ethics shall be that of the American Medical Association.

Article IX.

County societies may be formed auxiliary to this Society. Mode of formation. Who shall be members, &c. These things often depend upon the law of the State.

Article X.

There shall be a Standing Committee of this Society composed of such numbers and chosen in such manner as the Society may direct,

* This article and many of the other features of this plan, are taken from the constitution of the Medical Society of the State of Pennsylvania.

whose duty it shall be to receive reports of cases of disease occurring in each county from committees where County societies exist, as provided for by the County societies auxiliary to this, or from individuals where County societies do not exist, and to arrange such reports in a condensed or tabulated form, adding such general remarks as may be deemed necessary, and then transmitting them to the committee of the American Medical Association appointed to receive them. Such reports are to be read either in full or by abstract at some meeting of this Society, by the committee of the County society or the individuals reporting them, or by the committee of this society receiving them, as the society may direct.

ARTICLE XI.

Provision for amendments.

PLAN OF CONSTITUTION FOR COUNTY SOCIETIES.

ARTICLE I.

This Society shall be called the ———— County Medical Society, and shall be auxiliary to the Medical Society of the State of ————.

ARTICLE II.

Should state the object of the Society.

ARTICLE III.

Members.—Of whom composed. Regular practitioners, &c. How elected.

ARTICLE IV.

It shall be regarded as the imperative duty of each member of this Society to keep a record of all cases occurring in his practice, depending upon endemic or general causes (such diseases as the different forms of fever, of inflammations, diarrhœa, cholera, tuberculosis, &c., &c.,) together with the types they assume, the age, habits, and other hygienic conditions of the patient, and also the general course of treatment pursued, and the termination of the cases; and to report at least annually the absolute number of each disease, or the percentage as compared with the whole number of cases recorded, each month being reported separately, to the committee appointed to receive such reports, as provided for in Article X. These reports are to be read at some meeting of this Society, either by the individual reporting them, or by the committee receiving them as the society may direct.

It shall be considered as a dereliction of duty, punishable as the by-laws may direct, for any member of this Society to admit into his office as a student of medicine, any person who shall not first present a certificate of qualifications as provided for in Article VI of this constitution.

ARTICLE V.

The officers of this Society shall consist of a President, Vice-President, Secretary, Treasurer, and three Censors.

ARTICLE VI.

Duties of President, Vice-President, Secretary, and Treasurer, as usual.

It shall be the duty of the Censors to examine all persons applying for admission to the offices of any members of this Society as students of medicine, and if found worthy, to give them certificates of possessing a good moral and intellectual character; a good English education, including a thorough knowledge of the English language, and a respectable acquaintance with its literature and with the art of composition; a fair knowledge of the natural sciences, and at least the more elementary mathematics, including the chief fundamental elements of algebra and geometry, and such a knowledge of the ancient languages as will enable him to read current prescriptions and appreciate the technical language of the natural sciences and of medicine.

ARTICLE VII.

Meetings.—When held. How called, &c.

ARTICLE VIII.

Funds.—How raised and expended, &c.

ARTICLE IX.

This Society shall adopt the Code of Medical Ethics of the American Medical Association.

ARTICLE X.

There shall be a Standing Committee of this Society, of such numbers and chosen in such manner as the Society by its by-laws may direct, whose duty it shall be to receive records of cases occurring in practice from the members of the Society as provided for in Article IV of this constitution, to arrange them in a condensed form, showing for each month of the year the percentage of each form of disease reported, adding accounts of the localities where they occurred, the general habits and other hygienic conditions of the people, the general meteorological characters of each month, and statements of the type or severity or other peculiarities which each particular disease may have assumed, the general course of treatment pursued, and the general results of treatment or the termination of cases; and to transmit such accounts annually to the committee for receiving them of the State Society to which this Society is auxiliary.

ARTICLE XI.

Provisions for altering or amending this Constitution.

A. B. PALMER, *Chairman.*
N. B. IVES.

EDITORIAL AND BOOK NOTICES.

DR. F. CAMPBELL STEWART'S EDINBURGH ADDRESS ON THE MEDICAL SCHOOLS AND THE MEDICAL PROFESSION OF THE UNITED STATES.—In the *Edinburgh Medical Journal* for August 1856 we find published in full a well written paper read by our countryman Dr. F. C. Stewart, of New York, before the Medico-Chirurgical Society of Edinburgh, enlightening the members of that body particularly, and the readers of the Journal and the British Profession generally, on the subject of Medical Schools and the Medical Profession in this country.

From Dr. Stewart's position and reputation, from his being an accredited representative of the American Medical Association to medical bodies abroad, from his gentlemanly appearance and pleasing address and his formal attempt to give an account of the medical schools and profession in his own country to professional men in another—a subject upon which they might be supposed to be curious and not particularly well informed—it was to have been expected that his effort would have been warmly accepted, and that in return he would have received the hearty thanks of those whom he addressed, and from the proceedings of the society published in the same number of the Journal, we see this was the case. It was furthermore to have been expected that the account which he should have given, would have been a correct one; that all the facts which he should have stated, would have been reliable and accurate, and that a true and faithful picture, at least so far as attempted, would have been given.

On a careful examination of the address, this expectation is not realized. We do not deny that many of the general features of his picture are drawn with tolerable accuracy, yet others are incorrect to an extent which surprises us, considering the position in which he stood, and the pains he should have taken to have been well informed.

We propose briefly and in all kindness, with a due regard to Dr. Stewart, but a greater regard to truth and justice, to point out some of the errors into which, from a remarkable oversight or other cause, he has allowed himself to fall.

Under the head of Medical Schools he says:

"Medical science is nowhere in the United States under the patronage and protection of the General or Federal Government. Education of all kinds, except military and naval, is left to the surveillance of each separate State, which is entrusted with the instruction of its own

citizens. The means provided by most of the States for the general education of the people within their limits are ample, and the common or public school system which prevails is, I believe, one of the most simple and perfect which could be devised. * * * While thus providing for general education, however, it has not been deemed necessary or expedient to interfere directly with medical teaching further, at least than to grant charters for Universities and Colleges conveying the power to confer diplomas."

The ideas distinctly conveyed in these extracts, the conclusions which any one unacquainted with the subject would necessarily draw from the language, are that the General Government of the United States, that Congress does nothing, makes no appropriations, furnishes no means for education, except military and naval, and that the States in their individual sovereign capacity have furnished no means, done nothing for *medical* education, except to grant charters to medical schools.

Now, both of these propositions are untrue, and we must insist that Dr. Stewart, presuming to instruct the profession of Great Britain on these subjects, should have known it.

It is true that in the older States, where the lands have for a long time been owned by individuals, and where educational institutions are supposed to be in a state of advancement not so much needing governmental support, Congress has made no direct or specific appropriations for educational purposes, though the funds arising from the sale of public lands, which were distributed to the States some years ago, were appropriated by them principally, if not exclusively, to education In those older States, providing the means for education, as well as its management has been left with the States themselves. But the old States, in one of which Dr. Stewart resides, (and that the glorious Empire State, the place of our nativity, the object of our pride and filial regard,) do not constitute, as some on the sea-board would seem to suppose, the whole of this great Republic. There is a new West as well as an old East, and in general statements respecting the United States of America this new West must not be ignored. Such omission will soon become like enacting the play of the Prince of Denmark with the part of Hamlet left out.

In each of the new Western States Congress has reserved from sale and donated to the State for common school purposes at least one section, or 640 acres, out of every township of six miles square, or one thirty-sixth part of the whole land; and also has given each State a quantity of land equivalent to a township, and in some two

townships, to be located by Commissioners appointed by the State, in such parcels and at such places as they may choose out of any lands of the government, for a University to be under the control and management of the State.

A township of land contains 23,040 acres which, if judiciously located and properly sold, may be made available to the extent of a million of dollars or more, constituting no trifling endowment for a University.

Now, we submit that these facts are of sufficient importance not to be overlooked by one speaking as from one nation to another on this subject.

But the statement that the States have done nothing for *medical* education, except to grant charters to Medical Colleges, is also opposed by facts. As to what may or may not have been done by many of the States of the Union respecting medical education, we are not particularly informed and shall not therefore have the presumption to speak; but this we know that in the States of Michigan, Wisconsin and Iowa, the State Universities, based upon the donations from the General Government, have in their organizations medical departments, and in two of them, Michigan and Iowa, these are in actual operation. One of them, the Medical Department of the University of Michigan, having been in very successful operation for the last six years, with a class the first term numbering about one hundred, and increasing since, till now it approaches very nearly to twice that number—and in this institution the salaries of the professors are paid entirely from the public fund.

But we need not dwell upon the history of the Medical Department of the University of Michigan. It is not unknown to the profession of the country. Its peculiarities have more than once been discussed in the American Medical Association at meetings where Dr. Stewart took an active part; and the gentleman who has the honor of devising the plan of that school, and whose name is most intimately associated with it, is now President of that body; and Dr. Stewart had a document in his pocket, when delivering that address, signed by that President, accrediting him as a member of the American Association and a representative of the profession in this country, to medical societies and the medical profession abroad.

But the errors pointed out are not all that exist in Dr. Stewart's paper. He gives what he asserts to be a full list of all the medical schools in the country known to him in which regular orthodox medicine is taught. In this list he places "Indiana Medical College, La-

porte, Ind.," which has had no actual existence, no professors, and certainly no students for the last five years; and "Rock Island Medical College, Rock Island, Illinois," which never had anything more than the most peripatetic and ephemeral existence and has not been heard of for many years; and there are some others in the list which are in an analogous, if not identical condition to those we have mentioned. We have only to add in regard to this "full list," that in it the Medical Department of the University of Michigan does not appear. The reason of this we cannot understand, especially as Dr. Stewart is personally acquainted with some of those connected with the institution, and has corresponded with others, and we believe respecting the statistics of the school.

Can it be possible that this institution was left out of the list, lest a knowledge of it, and its peculiarities should contradict the statement made in the paper, and which we have quoted, that the States do nothing towards the support of medical schools? We have not been in the habit of regarding Dr. F. Campbell Stewart in the light which this supposition would imply, and until we have further evidence, must regard it as an oversight, however difficult under the circumstances it may be to account for such an oversight. In other respects the paper sustains the reputation of its author. A. B. P.

College of Physicians and Surgeons in the City of New York. —We take pleasure in calling attention to the announcement by its faculty, of the fiftieth session of this time honored institution, which commenced on the 20th of October 1856. Respectable as it is for its longivity, it is still more respected for the rank it has always held among the kindred institutions of the country, to some of which it is subordinate in age, but in merit acknowledging no superior.

Bearing historically upon its rolls such names as Miller, Middleton, Hossack, Bard, Post, Mitchell, Beck, Bartlett and Manley, it may point to these with a just sentiment of ancestral pride, whilst the catalogue of its present faculty shows that the genius of the past still lingers about the halls newly dedicated to the sciences prerequisite and auxiliary to the practice of medicine.

Though not an alumnus of the old Barclay Street School, our personal recollections of it go back more than the quarter of century, when the list of Emeritus Professors were yet relatively young, and we by the courtesy of the faculty, on the invitation of Dr. Torrey, were permitted under their direction to revise those studies which several years residence on the frontiers had rendered a special neces-

sity. These recollections enhance the pleasure which it would otherwise give us to direct the attention of students to this noble establishment, now on East 23d Street, corner of Fourth Avenue, New York.

☞ Members of the American Medical Association will take notice of the following circular. It is doubtful whether in all medical literature so much and so good a quality can be had for the comparatively small sum for which these volumes are offered to permanent members of the society. Within a few years he will be considered a fortunate man who possesses the complete set.

PHILADELPHIA, Nov. 1, 1856.

DEAR SIR:—By resolution of the American Medical Association at the meeting at Detroit, I am instructed to inform you that the resolution passed at the meeting at St. Louis, depriving a permanent member of the Association who should neglect to subscribe yearly to the Transactions, of membership, has been repealed.

Therefore, all those who have ever served as delegates to a meeting of the Association, are restored to membership, and may purchase the Transactions for any year or not, as may suit their pleasure.

When the Transactions are desired, it is the privilege of a permanent member to be able to purchase them at the same price that is paid by a delegate, *three dollars*, no yearly assessment being now required of permanent members.

There are copies of all the back volumes of the Transactions in the hands of the Association for sale, except Vol. IV. Any of these may be purchased upon application to the Treasurer, by permanent members for *three* dollars a piece, except Vol. VI., which is *five* dollars.

CASPAR WISTER,
Treasurer American Medical Association,
No. 479 Arch Street.

"SAWES FEILEN."—On one of the unfrequented streets of this city there lives an industrious German, whose occupation is indicated by the above quotation. Keeping time with the inscription, is a sketch of the sawyer, strikingly in harmony with it. The sign is significant and expresses a simple idea; but in some mysterious way, as if it had a secondary or symbolical meaning, it always reminds us, whenever we pass that way, of the complimentary notice we every month receive from the editor of the Buffalo Journal. We hope, however, that by the time this persevering old representative of the Teutonic

race has worn away the remaining traces of his "Sawe," there will be no occasion left for the periodical application of the file of our gifted cotemporary.

THE TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION. Instituted 1847. Vol. 9. Philadelphia: Printed for the Association by F. K. & P. G. COLLINS, 1856.

Our thanks are due for the early receipt of a copy of the above proceedings. It is the largest and best volume yet issued by the Association. The Publishing Committee have reflected upon themselves credit in its arrangement and for the speedy manner in which it has been published, especially when they have to contend with so many tedious delays by the authors of many of the reports. In typography it does credit to its printers.

We have not space at present to make any abstract of its contents, but will refer our readers to Prof. Wood's Address and the report "on Plans of Organizations of State and County Medical Societies" by one of our colleagues, and also to the circular of Dr. Wister, the Treasurer.

The copies for members of the Association who reside in this State, are now on their way to this City and will be distributed as soon as received.

To those who are not members, or who are members and have not paid their annual assessments, we would say that, by remitting the sum of $3.00 to either Dr. Wister, Philadelphia, No. 479 Arch Street, giving their Post Office address, or to the undersigned, they will receive a copy of the Transactions at the earliest period possible.

Detroit, December 1, 1856.

WM. BRODIE,
Secretary American Medical Association.

AN INTRODUCTION TO PRACTICAL CHEMISTRY, INCLUDING ANALYSIS. By JOHN E. BOWMAN, F. C. S., *Professor of Practical Chemistry in King's College at London, Author of an Hand Book of Medical Chemistry, &c., &c.* Second American from the second and revised London edition. Philadelphia: BLANCHARD & LEA, 1856. For sale in Detroit by RAYMOND & SELLECK.

The above work by Mr. Bowman comprises in a small compass a vast and comprehensive amount of practical knowledge. Being intended for the use of those who have made but little progress in the

science, the author's endeavors throughout have been to render every thing as simple and intelligible as possible. This, we think, has been fully accomplished. It is also an admirable book for the practitioner whose time is so much occupied that he cannot afford to wade through large and complicated works to reach the facts wherewith to refresh his memory. We can from our brief and cursory examination safely recommend it to the notice of the medical student and profession

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THE PRACTICAL ANATOMIST, OR THE STUDENT'S GUIDE IN THE DISSECTING ROOM. By J. M. ALLEN, M. D., *late Professor of Anatomy in the Medical Department of Pennsylvania College, Fellow of the College of Physicians, &c., &c.* With 266 illustrations. Philadelphia: BLANCHARD & LEA, 1856. For sale in Detroit by RAYMOND & SELLECK.

The object of the above work is to afford a guide to the dissector in the dissecting room, and, if possible, to take the place of the Dublin dissector and other works of the kind. As the difference in works on anatomy consists in the arrangements or plan of the authors, so does this book differ from others. That it is capable of meeting its intent, we have not the least doubt. One thing we are assured of is that there is great quantity of this kind of literature before the profession, yet we will not withhold our assent from this, no one who procures it, will be disappointed.

INTRODUCTORIES.—We have received just in time to acknowledge very briefly, a copy of Professor Stillé's Introductory Lecture on the Unity of Medicine, delivered at the commencement of the present session of the Medical Department of Pennsylvania College. It is written in the usual style of the cultivated author, and is printed with uncommon elegance.

Also:

PROCEEDINGS OF THE AMERICAN PHARMACEUTICAL ASSOCIATION, at the Fifth Annual Meeting, held in Baltimore in September 1856. With a list of members. Philadelphia: MERRIHEW & THOMPSON, Printers, 1856.

ON THE TREATMENT OF IRITIS WITHOUT MERCURY. By HENRY W. WILLIAMS, M. D., *one of the Surgeons of the Boston Dispensatory.* Read before the Boston Society for Medical Observation August 4th, 1856, from the author.

MISCELLANEOUS.

[Dr. Gordon's Card.]

To the Medical Profession and Scientific Observers:

The undersigned having been appointed, at the late meeting of the American Medical Association, Chairman of the Committee on the Etiology and Pathology of Epidemic Cholera, respectfully solicits etiological, pathological and historical data pertaining to the disease from the medical profession, and meteorological data from any person who may have them.

As a primary examination in investigating the cause of Asiatic Cholera and its mode of travel, he wishes to be able to compare meteorological data obtained when the disease was raging in any given locality, with those which were obtained when the disease did not prevail.

To make this comparison most complete, a full set of barometrical, thermometrical, hygrometrical, ozonometrical tables, with prevailing winds—and electrical phenomena as far as obtainable—for a series of years, embracing those of health and disease and extending over a large territory, are needed; but where full tables are not obtainable, partial ones or reports will be thankfully received, if the observations are accurate.

As hygrometrical observations are extremely rare in the United States, the undersigned hopes that each person who has any which may be of value in the present investigation, will forward them to his address, or inform him of their existence, and how they may be made available.

It is also hoped that every person properly prepared to keep meteorological registers will spare no pains to make them as perfect as possible, and not fail to embrace hygrometrical observations in their tables.

Tables now forming may be of real service to the Committee, before the time expires for which it was appointed.

All data received prior to March 15th, 1859, will receive the attention of the Committee, and due credit be given in every instance for valuable information.

The subjects of investigation are of such vast interest to mankind, it is hoped the present request will elicit the hearty co-operation of the medical professsion and any other persons who may have or shall hereafter collect matter of the kind requested.

It would seem that he should not hope in vain, when it is considered that cholera is a disease which knows no political bounds, and frequently appears to regard neither geographical lines or sanitary cordons, and has already destroyed nearly, if not altogether, one hundred millions (100,000,000) of the earth's inhabitants.

Thus far, all with whom the Chairman has corresponded have most promptly proffered any assistance in their power, and at the same time expressed their warmest sympathy and regard for the investigation; but believing those with whom he is unacquainted may have data of the kind sought, he takes the present mode of presenting his wishes, hoping they may be complied with by all who are possessed of such data and feel an interest in man's emancipation from disease.

Medical Journals, Literary Magazines and Newspapers, friendly to the great interests of humanity and medical science, will confer a favor upon the Committee—and, it is hoped, upon the world—by inserting the above in their colums.

T. WINSLOW GORDON, M. D.

GEORGETOWN, BROWN Co., O., October, 1856.

☞ Although the writer of the following communication tells us in a note that he "did not write it so much for publication as for the curiosity," yet we cheerfully publish it, hoping he will soon send us that promised article of a more practical character.

GIANTS.

Messrs. Editors:—I notice in the last number of your Journal a piece entitled "Giant Skeletons," which purports to have found its way to your columns via the *St. Louis Medical & Surgical Journal*, which also had extracted the same from the *Boston Medical & Surg. Journal*, and that in turn from the *Gazette* itself, published at Burlington, Iowa, where the Giants and Gazette and Gov. Grime's cellar, and all could shake hands together—there could be no mistake; who could doubt its truth?

I am only induced to make the following comment from the fact of its apparent general reception as a matter of truth, and that so extensively among medical men who are generally acknowledged as the exponents of the scientific world, and certainly should be of anatomical anomalies.

I saw a notice of the "Giant Skeletons" in another paper some months since—an extract from the Gazette, verbatim, I think, as in your Journal—and being a lover of the marvelous, but wishing to

know it to be "founded on facts," I addressed a letter to a friend living in Burlington, (where it would seem that in a former age "men were seen as trees walking,") to inquire of the certainty of these things, and received the following answer:

"There probably have been twenty applications already from different parts of the country for specimens for preservation in somebody's *cabinet of curiosities*; but the lucky finder had a specific use for them, to wit: to make a *mammouth skeleton humbug*, and refuses to part with them until the first of next April, when he will sell to the highest bidder." And further states that "the article was published in the daily Gazette of this city on the morning of the first day of April (last) by the printers *d-e-v-i-l-s*, and thousands rushed to the spot to *see um*, but instead saw something *green* as a new made *April Fool*. They grinned: Could'nt help it. Do you suppose that Sea Snake in Silver Lake will ever be seen again? Ha!"

I recollect, quite a number of years ago, of a similar account of a Giant Skeleton, which excited a world of talk in the prints and otherwheres, with this slight difference that the giant (instead of eight) was twenty-two feet in height, and was exhumed in digging a well somewhere in the State of New Jersey. We were all anxious to get a gaze at our "fellow creature," but already it was announced that he, she or it was in preparation for a British Museum, and thus the antemundane vanished and has never been heard of since.

I do not here deny the previous existence of such a race of beings, nor do I deny the existence of their fossil remains; but as a Tyro would ask if there are truly in existence and preservation any fossils or skeletons of a giant race of the human kind, what are their history and where are they now?

WILLETT, N. Y., October 27th, 1856. H. C. H.

MASSACHUSETTS STATE MEDICAL SOCIETY—PRIZE QUESTION FOR 1857.

The Massachusetts Medical Society is authorized, by a donation from one of its members, to offer the sum of *one hundred dollars* for the best dissertation adjudged worthy of a prize on the following theme, viz:

> "We would regard every approach toward the rational and successful prevention and management of disease, without the necessity of drugs, to be an advance in favor of humanity and scientific medicine."

The packet accompanying the successful dissertation will be broken in open meeting, and the author's name announced at the annual meeting of the society in May 1857.

Dissertations for the above prize must be sent (post paid) to the Corresponding Secretary, Dr. C. E. Ware, No. 6 Temple Place, Boston, on or before April 15, 1857.

By order of the Councellors,

B. E. COTTING, *Recording Secretary.*

Roxbury, November 1, 1856.

Nutriment in Sugar.—The nutritive properties of sugar are much underrated in this country. As an aliment, Dr. Rush, of Philadelphia, maintains that sugar affords the greatest quantity of nourishment, in a given quantity of matter, of any subject in nature. Horses and cattle were fed wholly on it at St. Domingo for some months, when the exportation of sugar and importation of grain were prevented from want of ships. During the crop time in the West Indies, all appear fat and flourishing. The cattle fed on the cane tops become sleek and in fine condition. The negroes drink freely of the juice, and become fat and healthy. Sir George Staunton observes, that many of the slaves and idle persons in China hide themselves among the canes, and live entirely on them for a time. In that kingdom the emperor compels his body guard to eat a certain quantity of sugar every day, that they may become fat and look portly. Sugar and rice constitute the common food of the people, and every kind of domestic animal is fed on sugar. Plagues, malignant fevers, and disorders of the breast, are unknown in the countries where sugar is abundantly eaten as food. The celebrated Dr. Franklin used to drink syrup every night before he went to bed, to alleviate the agonies of the stone.—*Virginia Med. Journal.*

Phosphate of Lime in the Teatment of Fractures.—We notice in a late number of the *Gazette de Hopitaux* some cases of fracture, in which the union of the bones appeared to be promoted by the administration of the Phosphate of Lime. In one of these cases, of fracture of the humerus, there was union in forty-five days *without* the phosphate. The patient, a fortnight afterwards, fractured the arm in the same place, by a fall from a horse. The Phosphate of Lime was then prescribed, and the arm was placed in splints as before; the bones united in *thirty-five* days. The man had the ill luck to break the callus a third time, and, under the use of the lime, the fracture was consolidated in *twenty-five* days. The remedy in question has long been employed by M. Piorry in the treatment of rickets, mollities ossium and Pott's disease, but it appears to have been only recently suggested by M. A. Milne Edwards as a useful remedy in cases of fracture. We are surprised that no allusion is made to its employment in ununited fracture; whether it has been tried in these cases which are often so difficult to cure, we do not know; it would seem that it could hardly fail to be of service.—*Boston Med. Journ.*

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ORIGINAL COMMUNICATIONS.

ARTICLE I.

National Traits Bearing upon American Medical Literature.

An Address to the Serapion Society of the Medical Department of the University of Michigan, by E. P. CHRISTIAN, A. M. M. D.

Have we an American Medical Literature—a literature bearing the impress of nationalism, distinctive from a foreign and transplanted literature? Or, as, unlike customs, institutions and languages, the principles of science are universal and identical among all people, and none can commence *de novo* and erect for themselves this temple on new foundations, but to its growth and improvement through many ages and diverse nations each adds in its own style of architecture, so, have we enlarged its dimensions, or ornamented its columns, or improved the gracefulness of its proportion in any manner American and peculiar? If we have not, it becomes us in all candor, for science should be veracious as well as chaste, to acknowledge the truthfulness of the criticism of foreign writers, "that America has no medical literature of her own, that we are mere copyists."

Such an assertion we might regard as akin to that puerile and witless query of a foreign critic, "who reads an American book?" and as prompted not by a cosmopolitan zeal for literature, but by national vanity and ignorance, had not the charge been admitted as just by even eminent men of our profession in our own country. But the

truth of a statement so derogatory to our attainments and wounding to our pride, could not have been indorsed by eminent American physicians and authors without apparently well grounded reasons. Some of these reasons are so apparent, as to be known and read of all men. Nevertheless they have led such as trusted to them to a false judgment.

We claim that America has a medical literature, and has had since she became an independent nation—that a distinctive medical literature, if not the result of, was at least cotemporaneous with her political independence; that since the period very early in the present century, when our countryman Dr. Dorsey, of Philadelphia, published his work, which was adopted as a text book on surgery by the Edinburgh University,* this has been acknowledged abroad, and that its outlines were well defined even anterior to this time; aye, since the incipiency of medical journalism in this country, almost immediately after the consummation of our national independence. And while yet medical journalism even in Europe was scarcely matured beyond its embryonic state, the first born of our medical periodicals, the old "New York Medical Repository," with its able corps of original and talented contributors, was giving not an incipient existence, not a mere shape and form, but a name, a character and a foreign reputation to American contributions to medical knowledge. To use the language of Dr. Davis, "we have had a medical literature of our own, not borrowed, not a mere imitation, but originally and truly American, from the days of Benjamin Rush to the present time."

Indeed, Gentlemen, it was impossible that America should not have a medical literature of her own at a very early day, meagre though it might be in quantity and embracing in its scope, but a limited variety of the departments of medical science. Its materials were so eligible that they could not but be appropriated and modelled by native minds. Not only were the opportunities constantly present and the means attainable, but the unavoidable necessity existed for at least its conception and incipient growth.

Like the fecundation and germination of plants, the result of no self-will and governed by no subjective caprice, but ordained after the immutable laws governing the phenomena of the natural world, so its conception was the necessary result of the productive conjunction of medical minds, always seeking the cause of disease and the means of its alleviation with new and undescribed pathological conditions, and everywhere about them nature's bounteous remedies, in

* Encyclopedia Americana.

new and varied forms, offering themselves a willing sacrifice for investigations in the department of therapeutics.

As there were here observed morbid manifestations of diseased action differing from written and traditional descriptions, and as there were diseases, new and peculiarly American, to be studied and their phenomena recorded, so were formed the elements of American medical literature. So likewise from the vast field, promising a rich return to the cultivators of that branch of medical science, Materia Medica, a rich harvest was early gleaned by native investigators. Native writers on Yellow Fever, Cholera Infantum and Malarious Fevers, in their protean forms, have been, and could only be, copyists from nature.

Such an unfortunate confession could then have been prompted not alone by observation of the avidity for reprints of foreign publications and the almost exclusive use of foreign text books in our colleges and their generally admitted authority as a standard of reference by practitioners and teachers, but by unacquaintance with the channels through which early American contributions to science naturally and unavoidably made their appearance, and which furnishes a noteworthy peculiarity in relation to our medical literature. This channel of communication is our system of journalism, and why American medical literature early sought or was forced into this channel, is well illustrated in the report of Dr. N. S. Davis previously referred to. He says: "As we should expect in a thinly populated country, subject to the prevalence of acute diseases of an active grade, the chief attention of the profession was concentrated on matters of direct practical interest and application. A direct inquiry into the history, causes and treatment of the more important diseases would be the first object of the practitioner. The same circumstances that were unfavorable to the carrying on of abstruse and experimental investigations, were equally adverse to the production of extensive treatises on any of the departments of science. Hence as the attention of the physician was fixed chiefly on topics of immediate practical interest, it naturally found its expression in essays, monographs and periodical journals, rather than in volumes requiring more leisure for their preparation and involving greater expenses in their publication."

Such were the causes which operated in modelling and directing it in its infancy, and in influencing the mode of its expression; and these same influences, continuing in full force to this day, have stamped these brands of nationalism upon it. The same necessity which existed in the then unconquered country for active and eager

striving after that of practical importance, still exists over the vast part of its area. The same causes, acting continuously for a length of time on the universal mind of our people, have formed a national trait of character, manifesting its omnipresence and omnipotence in every thing relating to or connected with us, as well in our arts as in our literature, in all our institutions and in the tendency of our government.

It must require time under the influence of other causes to effect a change, though, to some extent, in the older and larger cities evidences of a different inclination are being manifested, where accumulated wealth has rendered unnecessary and irksome the continual and exclusive aiming after the *utile* and made desirable the *ad intellectum pertinens*. And such is the condition requisite for successful investigation in the more abstruse departments of our science. But in the practical department to which necessity has impelled the American physician to devote his efforts, he stands the peer of any coworkers in any country. Indeed, facts have been noticed and principles deduced and promulgated through the pages of our journals, influencing the practice of physicians of this country, which are scarcely comprehended in Europe. For instance, the influence of malarious causes upon the whole variety of acute diseases modifying their phenomena and the treatment requisite, which is strongly impressed upon the practice of the physicians of the West, has been so little known in Europe, that, when the same observations have been made by the physicians of the French army in Algeria, it has given occasion for the boastful assertion, that "Algeria has been twice conquered, once by her army and again by her medical corps."

The reliability of American writers as authority in the practical part of medical science is to some extent acknowledged a little way from home. There is an anecdote which I have heard attributed to a professor in a Canadian Medical College, illustrative of this fact.

When consulted by a student as to the advisability of purchasing an American work, and being asked if it was good authority, replied: "Is it good authority? Yes! There is one peculiarity about these Yankees which makes them reliable. The Yankee travels over the same road with the Englishman, just so far as it is the shortest; but when they come to a marsh around which the road winds, the Englishman takes the beaten track around, knowing it will bring him out safe at some delay; but the Yankee prefers to find a new and shorter road, and he plunges in straight forward, gets through in some manner and leads his fellow traveller on the other side."

As our medical literature first found its expression of necessity, through periodical journals from the same influences which gave it its practical tendency, so these same causes which have operated to preserve this trait, have also operated to continue this mode of expression. To such a growth has this mode of publication attained in this country from these causes, that we may consider medical journalism as a peculiarly American institution and worthy of consideration in its bearings upon our medical literature. Its nationalism is manifested in its early conception and birth, its rapid growth and present importance.

The exclusively medical journals in this country number in the neighborhood of forty, rivaling in number those of all Europe, the amount of original matter of which cannot fall short of ten thousand pages annually, and embracing every subject coming within the legitimate domain of medical science. Does not such an amount of contributions exhibit an activity and zeal in the cause of science indicative of originality, and falsifying the charge of imitation and copying of foreign literature? But the richest soil may teem with useless weeds, and the heaviest field of grain be rendered valueless by the noxious parasitic rust. And so, too, might we expect that with the gathering in of this prolific harvest, intermingled with the good, would be found much of a worthless kind; and though such is unavoidably the case, yet there are recorded a great number of truly important observations, and a large amount of invaluable material is stored up for inspection and analysis.

There was a veritable old medical fogy, who strenuously inculcated upon his students and juniors never to read a medical journal. The folly of such a course was well illustrated in a recent journal in some comments upon this advice, and referring to the experience of a young graduate in his first aspirations after practice. The young physician was called in to see if by chance he might be able to reduce a dislocated femur, after his more experienced confrere, who evidently did not read the journals, having vainly tortured his patient with extension and counter-extension, straps, adjusters and pullies, nauseants and opiates, had ingloriously failed. Having been a reader of the journals, he had there informed himself of the new method of procedure, and easily remedied the difficulty by the painless manipulation of Reed's method, and immediately thereby, it is presumed, brought himself into business, as easily as he threw the bone into its socket.

Such expereinces cannot be infrequent, if such medical fogies are numerous, which, however, is not the case. With what an obsolete

system and on what dilapidated principles in many cases must such a man practice! Though he possessed the memory of a Hortensius and the deductive powers of a Newton, how few of the important truths of every day's revelation in our science could he make available! He would be at the same disadvantage as the merchant who should discredit the telegraph and market columns of the daily newspaper, because the sheet contained so much unreliable political matter

It may be well for us to inquire, what should give occasion for such injudicious advice, for, though few act upon it, medical journals forming a staple reading for the American physicians, yet discreditable remarks upon it are of not infrequent expression.

Says a recent writer, Benj. Haskill, in a monograph on the Pathology of the Nervous System, itself a model of originality: "Few think of looking into our home-made literature for a new idea." The truth of which is in a degree exemplified in the too common selection of foreign articles for the selected department of our periodicals to the exclusion of equally valuable home productions, in the occasional ignoring of American discoveries, until the same have been afterwards discovered by foreigners, when they are eagerly heralded; and the occasional reprint from foreign journals as original articles, what have first appeared in our own, and from their excellence found their way into foreign translations. But the principal cause is doubtless, what it would be weakness to deny, that much of what is annually contributed to the journals, is entirely worthless, and some absolutely deleterious to the advancement of our art. But even this is not entirely evil in its consequences. It is impossible that it should all be creditable and unexceptionable. The best journeyman does not always produce equally good workmanship, some will scarcely excell that of the apprentice; neither are all the contents of the works of the best authors equally good and reliable teaching. Some of the pages of even classical authors had been better perhaps unpenned; and why should we expect more of this class of literature? Shall we regard as trash those precious legacies of the fathers in medicine, because modern discoveries have contributed so much to our knowledge of pathology and therapeutics? Because with our better knowledge of chemistry and microscopy their physiological theories appear so trivial and unsubstantial, shall we hence discard their valuable practical precepts? If not, let us be as just to our own literature. But if this is such a taint as to destroy the wholesomeness of this nutriment, let us seek its cause, and if not irremediable, the means, that we may have a healthy pabulum.

The Americans have been styled a nation of stump-speakers, and if they do not manifest a natural talent, they do at least a national inclination to this species of oratory.

Whatever the cause may be, whether in the feeling of independence and self-confidence engendered by our democratic institutions, or as we are said to be a vainglorious and conceited people, the individual manifestation of this spirit, the legitimate result of national success and prosperity; or more likely still, that this is the easiest road to popularity, which is here generally believed to be the tide which leads on to fortune; whatever it be, the same cause furnishes a proportionate supply of debaters and writers. This is exemplified in the fecundity of periodicals of every kind, literary, scientific, sectarian and political, and devoted to the interests of every object and ism conceivable.

This same general influence operates upon the medical profession, with others more potent, peculiar to itself.

It is also a law in economy that the supply shall be influenced by the demand and the prolific increase of periodicals necessitated by the wants of increasing readers, creates a demand for writers which must in some manner be supplied. The consequences of which are, that the same self-confidence which prompts the writer to publish his observations and his theories, prompts also to the too hasty publication of crude and ill-digested ideas, of hastily formed conclusions and unwarranted deductions and generalizations; and on the part of editors and conductors of the journals the necessity for original matter impels to the publication of articles of inferior merit, to supply the usual amount.

But as we have elsewhere stated that even this is not entirely evil in its consequences, the advantages are, that, as a means of intellectual culture and individual improvement, the exercise of writing can be excelled only by practical experience, and again that almost no physician but that has observed facts interesting and important and worthy of record; not necessarily increasing their value that they are novel, for the observation and recording of numerous similar facts may be of more practical importance, than that of single ones of a novel character; and further that different minds observe the same facts from different stand-points of view, and it is only by regarding them in all their relations, that their full importance may be established and general principles deduced.

The best remedy then is not by discouraging any from contributing their mite; for as it would be no evil, did all men strive to become

eminent, so we cannot have too many writers; but in impressing its importance upon those whose age and experience give weight to their opinions, who, as they are our seniors, are also our teachers, at least by example. If we are to have no first essays, from whence shall we derive the more matured and finished articles? The importance of this exercise, no one in this institution will be prepared to gainsay, and all honor, say we, to those who, in ordering and ordaining its curiculum and its exercises, among so many excellencies have incorporated this as an important element of instruction. The only institution of the kind among the scores in the country which recognizes its importance, or recognizing it, is not derelict to its duty to the student and their profession in not requiring it.

Gentlemen, it is always the fortune of prococious children to be petted and fondled and meet with marks of approbation, such as excite the jealousy of their less favored brethren. Such has been the lot of this your alma mater, which *is* precocious, and though not yet advanced from infancy to youth in years, has excited the keenest jealousy of some of its elder confreres.

But this precocity is not that of an unhealthy and abnormal development, it results from the soundness of the germ, the healthfulness of the matrix, a full-time generation and well-favored birth; from the healthful nourishing diet of its infancy and careful, intelligent and judicious guidance to the present time, despite the rude attempts of quacks to gain a partial guardianship of the youth. This affords just grounds for a favorable prognosis for its future, and that the usual premature dotage of early precocity need not be feared for it.

Of more importance than the modifying influences of journalism upon our medical literature, because more healthful and elevating, is that which is being exercised by our multiplying voluntary medical organizations.

In this country, in the absence of that mighty power, individual wealth, which has moved the world in these our days more successfully than archimidean lever, and in the deprivation of governmental patronage of science, the truth has been developed and acted upon, that combined individual efforts are equal to the accomplishment of any humanly possible object. This is the source of the strongest motive power brought to bear in execution of all purposes, social, commercial, philanthropical and political, and this has been brought to bear in elevating our profession and its literature.

In these institutions, commencing with the local primary organizations, city, county and district societies, to the State societies with

its more full development, and culminating in the National Medical Association with the combined talent of the greatest minds and most zealous hearts with a unity of effort bent upon a single purpose. In its admirable effective workings by means of its system of standing committees of able minds on special subjects of inquiry, under the influence of not alone an individual zeal, but of the spirit of emulation necessarily evoked; in its awards for prize essays—in all of which arrangements the system is doubtless the most effective that could be devised or made practicable. In all of this we have an equivalent for governmental institutes with salaried savans, relieved from the cares and embarrassments of private business and speculations for self-support, and supplied with every thing necessary for most abstruse investigations in scientific fields.

And these institutions, in their published transactions, are forming an American medical literature as original and national as that of any country, and of as universal importance as scientific truth may be. If such institutions may not be truly styled American, yet it is here those combined circumstances have existed necessary for the full development of their capacities. As every plant produces not the best flavored fruit in its native clime, but by transplantation to a more congenial clime and soil, so improves as to change its specific character, though its generic marks remain intact.

To these modifying agencies upon the character of our medical literature we must add another, very similar to the last and second only to it, because of the comparatively few experiments in that line, but foreshadowing a new era and a fuller development to our literature, by the publication of standard native works in all its departments. We refer to that plan which is coming into vogue of our eminent professors and writers, preparing American text books for the American student. This is not a wholly new phenomenon, for even since an early day, since a half century past, occasional works of American authors have appeared, many of which have preserved their reputation to this day as standard authorities, especially in the practical departments; but in the elementary branches, the exclusively scientific, we have been almost entirely dependent upon foreign authors.

Heretofore, the American professor, ambitious of literary distinction, has been disposed to seek the easier honors and greater profits of authorship by editing American editions of foreign works. Such are the works which have deprived American schools of American text books, that have been the standard of reference for American

physicians, that have given occasion for the oft repeated assertion that American medical literature is an imported one, but a copy, a mere imitation of a foreign one. What an impediment this has been to the formation of an American literature, to what a growth it might have attained, had the minds which have been content to use their talents in mere imitation and copying, devoted their capacities to editing original American works, we may conceive by the standing of many of those which have at times made their appearance.

That they have the capacities, is assumed in their offering to American readers foreign works with their own notes and comments, and the ability with which these works are frequently edited, and the importance of the comments, are evidences of this capacity. But in many cases how easily and cheaply these honors and profits are acquired, may be inferred from the fact, that the quantity of original matter which has been added, has been so meagre as scarcely to be discernible on the closest examination, indicating, we think, an indolent ambition for gaining notice by climbing on to tall men's shoulders.

At length, however, if we may judge from the increasing number of original American works, from year to year, American authorship has become profitable, and American capacity for originality in medical literature undeniably vindicated. And with this capacity and these tendencies we look for a brighter future. As we cannot have too many writers, neither can we have too many books, provided they are of the proper stamp. Those who have become original and reliable teachers, if possessed of proper literary qualifications, we may expect to become original and standard writers. Indeed, the greater amount of care and research that would naturally be bestowed upon a book for the whole medical public, would commend itself to us over the oral or even written lectures, designed for the student alone. To say that such works would prove but repetitions and copies of preceding authors, would be to give the writers credit for no originality of thought, no independent ideas, in fact no profitable experience; would make them routine teachers and practitioners. Certainly, this new experiment is liable to be carried beyond profitable limits.

The new professor, but recently advanced to his honorable chair, envious of other's honors, may feel ambitious of building too early a monument in the way of preparing a text book for his classes, whose originality has not the basis of experience, of which we are already not without unfortunate examples. But there are those who, out of the stores of long experience, are abundantly capable of contributing

a boon to the world, and who owe it as a debt to their profession; for otherwise their experience perishes with them, and though they brought nothing into the world, yet do they take much away.

Such then are the main causes which have been and are still modifying our medical literature and contributing to its improvement and its nationalism. To say then, that, with these causes in operation, we exhibit no originality or nationality, implies that there is but little learning and intelligence in our profession. But what is the fact in regard to it? The deficiencies in the primary education of a large proportion who enter the medical profession, from the fact of medical education sufficient for a diploma, being so attainable in this country, has been regarded as a great evil, and one object of the American Medical Association, as set forth, is the raising the standard of medical education. The annual reports also of the Committees on Medical Literature before this body all dwell so impressively upon the evil influences upon our medical literature from this cause, that one not acquainted with the profession, except through these papers, would verily believe that the medical profession was filled only by ignoramusses and ninnies.

Now, we are not one of those who declaim against the advantages of this Association, that it has a tendency to lower our profession in the estimation of laymen by revealing our deficiencies. Still we think, this evil has been exaggerated by those over-zealous for the honor of their profession, and desirous of seeing it assume that place in public estimation to which learning and intelligence only can entitle it—the first rank among the liberal professions. There is now no escaping the observation of the unpleasant truth, that the rank it holds is of an inferior grade. Perhaps it is, because there is in the medical profession, in a large proportion of its members, a deficiency in primary acquirements not tolerated in the other learned professions. This deficiency in its legitimate members is however more apparent than real. It arises from the greater amount and variety of knowledge requisite to rise above mediocrity in the profession; its very elementary principles embracing the whole range of science. Who are the investigators and authors in the natural sciences, but for the most part physicians? Yes, the medical profession in its bequests to science has been unequalled by any other profession. For the ignorance and literary deficiency of illegitimate doctors our profession is not responsible. The public may say, they are not capable of judging the one from the other; but for this they are responsible by obliterating those distinctions whereby they had the means of discrimi-

nating, and this brings us to the consideration of some of the causes which impede the growth of our medical literature, acting in an indirect, but impressive manner.

If these causes are not of immediate and direct bearing, they are no less prolific of evil, and these evils the less easily remedied or counteracted for that reason. We refer to the abrogation of all legal restrictions against the illegitimate practice of medicine; the legalized trifling and tampering with the most sacred and precious of a nation's possessions, the life and health of her citizens; the encouragement of a heathenish thugism to which the unwary are at all times liable to fall victims. I know this is a trite subject among medical writers, but so are all great evils amongst reformers, and all oppressions with those who see their most direct effects and feel their heaviest burden. Neither can such evils be too much dwelt upon, if it can lead to concert of action and increase of effort towards effecting the remedy. And has this no important bearing on our subject? Certainly, it has. The encouragement of a vitiated taste in any branch of literature is in its influences like a little leven that leveneth the whole lump. Like our insane passions, its importunities increase, as its demands are answered, and minds which otherwise had sought a nobler field, will be found prostituting their talents in pandering to such a taste, when even an ephemeral fame with the quicker profits are the sure reward. And when thus medical science, the best gift of Heaven to man next to the divine revelation, is thus degraded by being placed on the same footing with charlatanry and quackery, as regards the encouragement and protection afforded it, the nobler minds will seek a more honorable persuit, or one where their labors may be more justly appreciated. And thus is it that our literature feels a baneful influence from this source.

The principles of our government being based upon the intelligence and virtue of its citizens—its object to allow the largest liberty to each, compatible with the rights and privileges of all—it is not strange that liberty should sometimes verge towards licentiousness, and that, by granting the largest liberty to all, it ceases to afford protection in the same degree. But strange inconsistency, this licentiousness is carefully guarded against in all respects, save in the care of the health of the citizens.

The attorney who cares for our civil rights, must pass an examination and be duly licenced. The care of property and life on our waters is considered so entitled to protection, that the hulls and machinery must be annually inspected, and the engineer who controls

the machinery of the steamer, *may* be required to pass an examination before a competent board. But no checks are placed upon the irresponsible practice of medicine. Whoever will, may take charge of the most intricate machinery of the human body in its derangements.

Laws are passed to prevent the sale of intoxicating liquors to citizens, knowing what they are taking and its consequences; but she permits the nostrum vender to retail *ad libitum et ad infinitum* his poisonous compounds of unknown ingredients to victims ignorant of what they are swallowing.

Such are only a few of the anomalies presenting themselves to us; their name is legion. In what age of the world do we live, that such absurdities are tolerated? Have we no wisdom above that of ancient heathenism, that our people so blindly trust to charlatans and impostors, rather than to the educated and scientific, following the example of that ancient king who with his hosts was utterly destroyed, because he trusted rather to Egyptian soothsayers and magicians, than to the heaven-inspired Chieftain of Israel.

And is there no remedy for these evils? Perhaps there is, but no great evil is cured in a day. The chronic constitutional disease is to be cured only by judicious selection of remedies and faithful persevering care. The heroic treatment is not adapted to such complaints. To eradicate even its local manifestations, we must act upon the whole affected organization. The knife and caustic may extirpate, but not exterminate them. With such treatment they soon appear again with more malignant features. Nor, on the other hand, shall we succeed with mere palliative measures, trusting meanwhile to the conservative powers of nature, the vis medicatrix naturæ, for in malignant diseases the disorganizing element overpowers the conservatism of vital laws.

If we aim at a cure then of this chronic disease, we must adopt a constitutional treatment; we must endeavor to raise the standard of popular information on medical matters. They must comprehend the elementary truths of physiology; they should understand something of the anatomical construction of their own body, the means so intelligibly adapted to the ends accomplished in all its mechanical contrivances; for as a man will not send his watch to a tinker or a steam engine to a blacksmith for repairs, neither would he act less discreetly with his own body, were he as well informed in regard to its construction, as of his watch or his engine. Much could be accomplished from such means, could they be rendered practicable.

But as diseases are sometimes incurable only from the imperfection of our art, as we see sometimes nature has effected what the physician has essayed in vain, we should aim at its perfection. This may be called following an *ignis fatuus*, but it must always be progressive, and as our art progresses, false theories and superstitions must vanish away, and their baneful influences cease from even the popular mind.

Man is always too prone to attribute the causes of his misfortunes and his opprobria to circumstances extrinsic to himself, and over which he willingly believes he has had no control. And thus we charge the responsibility of these evils to others, when our profession is not altogether blameless. Something is due to our delinquencies and our indiscretions.

There has been too much mystery maintained in regard to our arts, a disposition to work upon the superstition rather than the intelligence of the people. We have been unwilling to confess our ignorance of what it is no discredit not to comprehend, the secret causes of life, disease and death, and have preferred rather to cover our ignorance with mysticism and metaphysical nonsense. But the time for this is now past. This does not satisfy the inquiring mind of the present age. Those who no longer believe in infallibility of priest or pope, or in the divine right of kings, will look for reason also in medical dogmas; and as a poor reason is eagerly seized in preference to none, the various orders, families, genera and species of quacks have their ready theories adopted to the mental calibre and progressive stages of developed intelligence of their respective followers. Such is the food upon which quackery grows and flourishes, and at times attains giant proportions; but such proportions as the giant sycamore attains, whose base is hollow, and when the storm comes, is prostrated, bringing destruction to those who have trusted to its shelter, while the sturdy, solid oak, of less proportions, lives and grows and bids defiance to every storm and tempest. Its fair proportions may appear attractive and its magnitude lasting and trustworthy, but destruction cometh suddenly upon it.

Whose fame is now the more enviable, that of that most notorious man of his day, Paracelsus, known to us not from any contributions to medicine, but as the prince of quacks, from his impudence and conceit, or his cotemporary, Vesalius, the great anatomist who, while this notorious quack was reveling in drunkeness and constant debauch himself, says his biographer, "was wont to dispute with dogs and vultures at the hill of Montfaucon for the remains of criminals, or to introduce himself stealthily into cemeteries to disinter a body, at the

risk of incurring the accusation of the capital crime of sacrilege," and who at the age of twinty-nine published his great work on anatomy, "in which this science is placed in a new light, and with a completeness which left far in the rear all that antiquity had transmitted on the subject?"* Or whose fame as the greatest benefactor is the more desirable and will live the longest, the metaphysical Hahneman, author of the Organon, or his cotemporary, the practical Jenner, immortalized by the discovery of vaccination?

In conclusion, then, if we would have our profession assume its proper position in public estimation, if we would have it regarded as something more than a mere art, we must be more than earnest and zealous students, and honorable and conscientious practitioners. Its mission is to be, not only physicians to the diseased body, but to fill a wider and nobler field. Doctors of medicine, that is teachers of its principles, and more, curators of public health, as inculcators of proper hygienic laws, and as such, advocates of all objects whose tending is to the elevation of our profession and the encouragement of science and the increase of popular knowledge.

ARTICLE II.

Pulmonary Tuberculosis in Children, with Report of Cases.

BY A. B. PALMER, M. D., ETC.

Phthisis Pulmonalis is so frequently met with in the adult, and physicians are so much accustomed to consider it in connexion with grown up persons, that they are apt to overlook the fact that it is not unfrequently manifested in children. In addition to this, the obscurity of the symptoms and signs of the disease in this class of patients, or at least their deviations from those manifested in adults, too often cause errors of diagnosis, and as a consequence errors in treatment, sometimes increasing their sufferings and abbreviating their lives. So far from consumption being confined to adults, as is popularly supposed, it is liable to occur at every stage of human existence—from the earliest period of infantile life, if not indeed in the fœtal state, to the extremest old age, though by no means with equal frequency at all ages.

* Renouard's History of Medicine.

It has just been intimated that phthisis in the child differs in its symptoms and signs from the same disease in the adult, and it also differs in many points of its pathological anatomy and its general duration, though in all cases there is the same essential *tubercle* and the same tendency to a fatal result. The main object in the present article is to call attention to this disease in children and point out the leading differences in these two classes of patients.

With regard to the differences in anatomical character between tubercle in the lungs of children and adults, it is found that in children crude miliary tubercles are found alone, independent of gray granulations, very much more frequently than in the adult; and also that gray granulations are found alone, independent of crude miliary tubercles, oftner, though the difference in this latter respect is not as great as in the former. These peculiarities are due principally doubtless to the greater rapidity with which tubercle is deposited in early life, this difference in the rapidity of the deposit constituting another and one of the most marked differences of the disease as occurring in children and grown persons.

In adults, where the deposit is more slowly made, we usually find on post mortem inspection tubercles in various stages of advancement in different portions of the lungs—in the upper part softened tubercles and cavities, in the lower gray and semi-transparent granulations, while in the intermediate portions yellow crude tubercles. In children, and especially in young infants, tubercles are found in a similar condition in all parts of the lungs, though somewhat more abundantly often in some portions than in others.

In consequence of this same rapid deposit in children as compared with adults, we find yellow infiltration much more frequently, in early life, constituting another difference. For this same reason cavities are much more rarely found in children than in adults, death being usually produced by the filling up of a large portion of the lungs, sufficient time not usually being given for the ulcerative process, especially in early infancy.

When tubercles are present in the lungs of children, an abundant deposit of the same material much more commonly exists in the bronchial glands than is the case with adults; and the same is true to a considerable extent with other organs, such as the mesenteric glands, the intestines, the peritoneum, spleen, liver, kidneys, pleura, the brain and its membranes, &c.

The symptoms of phthisis in childhood, though resembling those

of adult age in many respects, yet differ from them in degree and often in kind, and the more so as the child is younger.

In children there is almost always an absence of hæmoptisis during the whole duration of the disease; there is usually an absence of expectoration; the cough is less, and exhausting night sweats very rare; all the symptoms of hectic are less marked, and the alternating diarrhœas and night sweats, so often present in adults, seldom appear.

Not only do the morbid anatomy and the rational symptoms of phthisis differ in the child and adult, but the auscultatory signs also, and particularly the interpretation which should be given to those signs in the two cases.

As in children, particularly in infants, we very seldom have cavities formed, the auscultatory signs of such cavities are absent, and as in these patients tubercles frequently exist in the crude state in all regions of the lungs nearly alike, there are not presented the same contrasts between the upper and lower parts of the same lung, or between the one side of the chest and the other, as in adults; and although the presence of tubercle in a particular state must give rise to much the same physical phenomena at whatever age, yet "many of those modifications of the respiratory sound which would warrant us in pronouncing positively that phthisis existed in the adult, cannot be relied on with the same certainty in the child, still less can they be regarded as proving the existence of so large an amount of disease in the latter case as in the former." *

Many of the physical signs are therefore less reliable in the child and have a less grave import.

The prolongation of the expiratory sound beneath the clavicle and the interrupted or uneven respiration, two of the early indications of phthisis in the grown person, are of less value in the child. They have been present in the latter, where, judging from the speedy recoveries which have followed, there could have been little or no tuberculous deposit in the lungs. An exaggeration of these signs, as well as of several other bronchial sounds which usually indicate tubercular consolidation of the lungs in adults, may arise from the tubercular and perhaps other enlargement of the bronchial glands, so frequently occurring in children; and although tuberculous disease of these glands is usually followed by serious results, they are not nearly as speedy as where the lungs are the seat of the deposit.

Though a careful comparison of auscultation with percussion and of the sounds of one day with those of another will do much toward

* West on Diseases of Children, p. 284.

enabling the distinction to be made between sounds produced from solidification of the lungs or cavities in their substance and those transmitted from the air-tubes—in the latter case the sounds being much more variable and not corresponding with those given by percussion—yet it is impossible in many instances to determine with certainty whether the bronchial irritation and morbid sounds are produced by the presence of tubercle in the lungs or some other cause.

Contributing to this uncertainty is the absence or difficult appreciation of some auscultatory phenomena in the child to which value is attached in the case of the adult. We can judge much less from the modifications of the voice of the child; and the great excitability of children causes constant variations of the sounds in short periods. At one visit the right side of the chest may yield the puerile murmur distinctly, while the other admits of very little sound; and at the next the state of things with regard to the two lungs may be exactly reversed. But more than this—the minuter variations of the sonorosity of the chest, as afforded by percussion, are not so easily distinguished in childhood as in more advanced age. The chest in early childhood is much more resonant than in adult life, and will admit of very considerable reduction before percussion elicits sounds which would be recognized as at all dull. The change must be great, the ear well trained, and the percussion extremely gentle to enable the practitioner to decide by this means.

Dr. Charles West, in the classic work on Diseases of Children already referred to, sums up the general characteristics of pulmonary tuberculosis in early life as follows:

"1st. The frequent latency of the thoracic symptoms during its early stages.

"2d. The almost invariable absence of hæmoptisis at the commencement of the disease, and its comparatively rare occurrence during its subsequent progress.

"3d. The partial or complete absence of expectoration.

"4th. The rarity of profuse general sweats, and the ill marked characters of the hectic symptoms, and

"5th. The frequency with which death takes place from intercurrent bronchitis or pneumonia."

The differences in the auscultatory signs have been sufficiently designated in the foregoing remarks.

In some unusual cases of phthisis in children, and particularly in young children, there are even greater deviations from the course of the disease in adults, than the preceding remarks would seem to in-

dicate. It occassionally runs its course with such rapidity that many of the characteristic symptoms have not time to manifest themselves. In one of the cases which I shall relate, from the extreme rapidity of the disease emaciation did not occur, the child dying from suffocation in comparatively full flesh.

Some of these rapid cases resemble strongly some of the cases of *atelektasis*, or collapse of the lung, another disease incident to early childhood, but a description of which the limits of this article will not allow.

The following cases illustrative of phthisis in children are added:

Case 1. In April 1851, I was called to visit a very interesting boy, about two years old, of delicate, but harmonious development, and born, not of robust, but still, not of phthisical parents. He had been ill some three weeks and under the care of another practitioner who had been sent by the family physician to attend the case during his absence from the city, but who had not given satisfaction to the family, was not their choice and had been dismissed.

The most marked symptoms presenting themselves were, very frequent breathing, a frequent, short and rather stuffing cough, rapid pulse and considerable, though not severe fever, varying much in intensity at different portions of the day. The chief auscultatory signs were, a diffused crepitation through both lungs and various bronchial rales, changing in character and intensity at different times in different portions of the lungs.

He was put upon a soothing and expectorant course of treatment, but the difficulty of breathing increased, the blood was very imperfectly aerated, the surface became somewhat livid, the extremities became cool and slightly swollen, while the trunk was warmer, and in about a week from the time of his coming under my care, sunk and died from irritation and diminished respiration.

A post mortem inspection revealed extensive tubercular deposits throughout the entire lungs. These deposits existed in the form of yellow miliary tubercle, of some degree of tubercular infiltration, and of some masses of crude yellow tubercle of the size of peas, some larger and some smaller. The portions of lung not so much filled with tubercle, showed evidence of inflammation, in some portions red, and in others gray hepatization having occurred, and many of the bronchial glands had undergone tubercular enlargement and degeneration.

Case 2. Oct. 24th, 1856, was called to see a male infant, just *twelve weeks* old, of quite the usual size and in a good state of flesh,

born of healthy parents, English by birth, living in thriving circumstances. Some members of the father's family had been subject to scrofula, though it had not prevailed to much extent among them; and the mother's family were very healthy and robust.

The symptoms presented by the child were, short and rapid breathing, a short, but rather tight cough, and a somewhat livid countenance. The pulse was not far from normal, and there was scarcely any appearance of fever. All the history that could be obtained, was that for a week or two before, the child had seemed to have a cold, as was supposed to be indicated by a slight cough, and somewhat more rapid breathing than natural, which had gradually increased until they had thought it necessary to call in advice.

On applying the ear to the fore part of the chest, the puerile respiration was distinct and nearly natural; on the back part of the chest, however, the respiratory murmur was very obscure, bronchial breathing, more distinctly at some times than others, being heard in its place.

From the non-appearance of inflammatory symptoms and the absence of anything like the ordinary tuberculous cachexy, the nature of the case was not clearly apprehended, and although the child had been as vigorous in its muscular activity as other children, atelektasis or collapse of the posterior portion of the lungs was suspected. Occasional vomiting with Syrup of Ipecacuanna was directed, together with the rubbing of the chest with a stimulating liniment. From this treatment the respiration sound slightly improved, but on the 27th, when the little patient was again visited and examined, all the symptoms had slightly increased, without any other change. The stimulating frictions were continued, a mild emetic of Ipecac. was ordered once a day, and a prescription of Iodide of Potassium in Glycerine and Syrup of Tolu was given, a suitable dose directed once in four hours. A suspicion was now entertained that there might be some structural change, the result of a very obscure congestive or possibly inflammatory process, causing effusions into the posterior portion of the lungs.

It is unnecessary to follow in detail the appearances and treatment. It is sufficient to say, that the symptoms gradually increased; the cough, though not very severe, was harrassing; the breathing became exceedingly short, and if interrupted for an instant, suffocation seemed impending; the child fretted and moaned rather than cried; the countenance became more and more livid; the extremities became cold; but little else than bronchial sounds could be heard in any part

of the chest. The treatment was changed to stimulating and supporting, but on the 12th of November death ensued from apnœa.

A post mortem inspection on the 13th, in which I was assisted by my friend Dr. E. Andrews, showed yellow miliary tubercles thickly deposited throughout almost the entire lungs, the apex and back portion having the most, and the anterior parts decidedly the least. The bronchial glands were not affected, and there were no appearances of pulmonary or bronchial inflammation. The little cadaver was plump and round, and there was an abundance of adipose tissue in every part.

In this case tuberculosis appeared at an earlier period, ran a more rapid course, was freer from inflammatory or other complications, and the child died in a better state of flesh than in any other with which I am acquainted. For these reasons it possesses peculiar interest.

Since writing the above, Prof. Sager has communicated the following interesting case, illustrating farther the disease presented. He says:

The pathological history of the following case is necessarily imperfect from the fact that it but seldom came under my observation.

The subject of the disease was the first-born of parents, both of whom were young and nearly connected by ties of consanguinity. The father was feeble and of a marked strumous constitution; the mother was moderately robust and of a sanguineo-bilious temperament. From its birth, the infant was affected by a slight and frequent cough which did not for some time attract serious attention. The progress of the disease was marked by an increased frequency of the cough, sometimes paroxysmal, but more frequently of a hacking character; dyspnœa and gradual emaciation which, however, never became very great, and slight, but distinctly marked hectic. It died at about five months.

At the post mortem examination the lungs were found studded with miliary tubercles, especially marked in the superior lobes. Many of the bronchial glands were also filled with deposit, and varied in size from that of a millet seed to the dimensions of a filbert. In none of them was a trace of softening detected. The viscera of the abdominal and the cranial cavities were carefully inspected, but no tubercular deposits were observed.

☞ Dr. Wm. M. Green, of Lexington, Ga., communicates to the *Southern Medical & Surgical Journal* a case of congenital absence of the patella in both lower extremities.

ARTICLE III.

Strangulated Scrotal Hernia Complicated with Hydrocele.

BY WM. BRODIE, M. D.

On the 24th of November last, I was requested to visit Mr. B., who resided about sixteen miles from the city, and who, the messenger informed me, was in extreme danger from a "Strangulated Rupture." As it was near midday and no time to be lost, I prepared to start immediately, and requested the company and assistance of Dr. Chas. R. Case, who readily accompanied me. We reached the patient about two o'clock P. M., and learned the following history:

His present illness commenced on the 20th, since which time he had suffered severely. He stated his age to be about seventy-five years, and that he had always been a healthy, able man; that his "rupture" occurred some twenty years previous, from lifting a heavy weight, as he felt at that time something give way in his left groin. From this time onward he felt inconvenienced from it, and at times would have great difficulty in reducing it; but this he had always effected until the present occasion, when his efforts failed him. Dr. Brewster was sent for, who did all in his power, but with no better success. We therefore proceeded to examine the hernia, when we found it to be complicated with what appeared to be a *hydrocele;* at least such was our first impression from manual examination As our patient was suffering very much, (before completing our diagnosis of the scrotal tumor.) we endeavored to reduce the strangulated intestine. The patient was suffering much from nausea. Skin hot and moist. Pulse 80, small and soft. Our attempts failed; indeed, we were able to continue them only for a short time, as the parts were tender to the touch.

We again renewed our examination of the scrotal tumor by the aid of a candle and in a completely dark room, but no rays of light could be seen; the tumor was perfectly opaque. Feeling satisfied that it was a hydrocele, from the sensations conveyed to the fingers, I made a small opening into it, when a wine-colored fluid commenced to flow. I then enlarged the opening and about eight ounces of a dark fluid was received into the bowl. The color of the contents had prevented the passage of the light in our examination.

Another attempt at reduction was now made by Drs. Brewster, Case and myself, but with the same result. This advantage was, however, derived from the evacuation of the hydrocele, that the her-

nial tumor became correctly defined. It was now determined that nothing could be gained by waiting longer; that Mr. B. should be brought under the influence of chloroform, and while in that condition, the taxis to be again tried, and if it failed, then to operate.

The patient and friends having agreed to the plan of procedure, Dr. Brewster at once proceeded to give the chloroform, which operated on him like a charm, not over a drachm being required. Dr. Case and myself used our best endeavors to effect a return of the gut, but with no success. I then proceeded to operate by making a free incision, commencing about an inch below the neck of the sac and traversing the long axis of the tumor. Upon opening into the sac, the gut was found of a color between pink and brown, and partially adherent in the sac. The stricture was found very tight, so that it was with great care the hernia knife could be carried between it and the intestine. When this was done and the fibres of the stricture divided, the gut (at least so much as was free from adhesions) returned with its significant gurgle. Mr. B., soon recovering from the immediate effects of the chloroform, expressed himself as feeling very much better.

A small hemorrhage followed the first incision, from the section of a small arterial twig which having been tied, but little more was met with. The wound was brought together with sutures, and a bandage and compress applied. The patient was placed comfortably in bed; warm water was applied to the wound and stimulants given. A few small doses of morphia were left to relieve him of pain, should any ensue, and also directions that a free dose of Castor Oil be given in the morning.

Dr. Brewster continued in charge of the patient and visited him next day.

I saw Mr. B. again on the 26th, in company with Dr. Brewster, and found him quite as well as could be expected. It was evident, the system had felt the effect of the strangulation and also of the operation; yet the pulse was more expansive and soft, and less frequent. There was considerable swelling of the parts around the wound, and also of the scrotum. A free evacuation of the bowels had taken place, both before and after the oil had been taken, and his water had passed freely; had but little thirst and had taken some nourishment. Hot yeast poultices were ordered to be applied, until suppuration showed itself in the wound, and small doses of Quinine and Dover's Powder, to be taken internally every three or four hours. Brandy Toddy occasionally, and nourishing diet.

I did not see the patient any more after the above visit, but have since learned that he died ten days after the operation. Whether from peritoneal inflammation, the shock of the operation, or of erysipelas, I know not, but should rather judge from the latter.

The patient had never worn a truss, but had supported the hydrocele and hernial tumor with his hand, whenever support was required for it.

An interesting feature in the case was the great thickness which the Tunica Vaginalis had attained, being about four lines, and from its density, simulating the cutting of the integument over the nates. The inner surface of the tunic was perfectly smooth and of a pearly white color. The testicle was much smaller than the one on the opposite or right side. Another interesting feature was the coincidence of the hernia and hydrocele, occurring on the same side.

In the diagnosis of the hydrocele dependance was placed entirely upon the "tactus eruditus," as the usual test was of no service. It was not examined through the stethoscope, none being present; besides, had it been, this test must necessarily have failed from the deep color of the contained fluid. That there are cases in which it is difficult to distinguish between a hydrocele and other tumors of the scrotum, we have no doubt; yet, we think, there is a peculiar sensation perceived by the finger, (if properly educated,) that will not fail to designate the character of the disease.

In the separating the hernia from the hydrocele there was little trouble, the hernia being uppermost, formed a tumor in part by itself, and this tumor gave a different sense of touch from the other, being more elastic and at the same time more painful. Again, the impulse upon coughing was felt in the hernial protrusion, but not in the hydrocele. This, with the account given by the patient himself, was considered sufficiently conclusive by us, of the compound nature of the swelling.

DETROIT, December 26, 1856.

SYRUP OF COFFEE.—Take of coffee, roasted and ground, one pound; simple syrup, eight pounds; boiling water, a sufficient quantity. Treat the coffee, by displacement in a proper apparatus, with boiling water, until two pounds of liquor are passed; put the syrup on the fire and evaporate until it loses two pounds, then add the infusion of coffee and strain. Two table-spoonsful of this syrup to a cup of boiling water or milk will make a cup of coffee. Diluted with simple syrup, it is used in mineral water.—*Memphis Medical Recorder.*

SELECTIONS.

REMARKABLE CASE OF WOUND OF THE LUNG.

RICHMOND, TEXAS, August, 1856.

PROFS. BOWLING AND EVE.—*Dear Sirs:*—I send you a report of the following case, as an example of the desperate tenacity with which nature struggles with death, and as an instance of extensive wound of the lung producing anomalous symptoms, or rather wanting in the usual symptoms manifesting wounds of that viscus. It is also a remarkable case in consequence of the amount of blood lost.

On the 21st of July last, at 7½ o'clock A. M., a rencounter took place between two of our citizens, one having a pistol, the other a large bowie-knife.

Mr. G. received five wounds by the knife: one at the superior margin of the right clavicle, immediately over the carotid artery and jugular vein; one over the third rib, right side, about three inches from the shoulder; one over the left scapula superior to its spine; one three inches above the knee, left leg, and *the* one in the back between the sixth and seventh ribs, and between the inferior angle of the scapula and the spinal column. I pass all the wounds by, except the last mentioned, simply observing they closed by the first intention.

The knife (of which I send you a sketch true to life) measures "in the clear," blade and handle, twelve inches. The blade is eight inches long, one inch and two eights broad, curved towards the point, convex on the cutting surface and concave on the back. The blood marks on the knife reached five inches and six eighths from the point, leaving the presumption that it went in, by inverting the intercostal tissues, at least six inches and a half. The wound was two inches long by one in breadth. The knife entered with its width parallel to the spinal column, its length being at right angles to it. The cutting surface was turned down as it entered, but was wrenched round, bringing the edge two inches from the point where it entered, leaving a V shaped wound.

The direction of the knife was on a line with the greatest antero posterior diameter of the chest. The patient was conveyed to an adjacent drug store and placed on a mattress on the floor. His shirt and linen coat adhered closely to his back, being saturated with blood. After cutting away his clothes, I found the wound pouring out blood in torrents, and air passed in and out rippling in the tide. I covered the palm of my hand with a fold of oiled silk and pressed it to the wound, excluding the air, but suffering the blood to escape.

On introducing my index finger, I felt nothing at its extremity but the flowing blood, and thought the lung had collapsed and was above my reach. The pressure on my hand was similar to that felt when the palm is placed on the hand glass of an air pump, when it is worked. It was so great, it pained me till the air from the lung would fill up the chest.

Each inspiration forced the air through the wound into the chest, and each expiration forced it from the lung through the wound. With such facility did the air pass and repass, that I thought at one time it was useless to offer any resistance, for in the cavity of the chest it would go in spite of my endeavors to prevent it.

I found that he sank faster when the pressure was removed, and would cry out: "Don't do that, I'll die."

He became pulseless, his features pinched and cadaveric, his lips bloodless, surface of his body bathed in cold perspiration, nose pinched, respiration gasping, voice faint, and finally he could not recognize his friends and whispered: "I am gone."

So thought I, but still he kept living, and I held on to the wound. After I had advised him to make "his last will and testament," (it having been suggested by a friend, and something I never do unless forced to it by friends, because of its being a virtual acknowledgment of no hope,) he asked me if he had a chance left. I detailed all the cases to the point, and with the rest that in which a man had a buggy or some other shaft run through his chest and recovered. I told him to hope on, hope ever, and he did hope and put on his "big fortitude," as commended by his excellent wife. I stimulated him constantly. I found that, as the chest filled with blood, he sank rapidly, and then I'd raise my hand a little and let it gush out, which relieved him for the time, kept him on his back with my hand under him. I had a contradiction to deal with and was in a *faux pas*.

If I suffered the blood to flow from the chest as fast as it flowed from the lung, he would die off, and if I restrained it, he would have the same death-like spells.

I had to introduce a compress near to the spine to check the blood vessels, which added their exhausting flow to the tide, and then I reasoned thus: if I take away my hand, he will die right off, and if I prevent the occasional gush of blood, the same result will follow. I determined to retain the blood as long as I thought it would remain without coagulating, at the same time watching to prevent the oppression caused by its quantity. This, I knew, would give some little chance for the cut lung to become adhered by coagulation; at any rate a few minutes experience authorized that course, and there was no time left to follow general principles.

He did not cough a single time, nor did he spit up blood, as I expected him to do. I held on to the wound for two *long* hours, now and then letting the blood escape by my hand. At the expiration of that time I placed his wife in charge of the wound, directing her to compress it firmly, and hurried to my office for a little surgical advice, but found none in the books, nothing to the point. When I returned, I found the blood forcing its way out much to the consternation of Mrs. G. I consoled her by saying I would stop it, and did stop it by letting it gush out.

This course I pursued till two o'clock, P. M., six hours and a half, when the blood ceased to flow.

The patient bleed to *deliquium animi*. I could not feel the pulsations of his heart, but could faintly hear it, when my ear was to his

chest. No pulse anywhere. Breathes pantingly. The left lung but partially expands. It does seem he has lost all his blood. The mattress, bed-clothing and every thing around him was deluged with blood. When I found that the wound did not pour out blood, when fully distended, I was rejoiced beyond measure, but did not express it save by a cheerful countenance, for I feared the patient was exhausted beyond redemption. I deposited a soft sponge in the extremity of the wound next to the spine, left the other extremity patulous, fitted a fold of oiled silk over the wound and a compress over that and put on a bandage. Had kept him on iced lemonade "spiked" with brandy all the morning, but at 2 o'clock, P. M., interdicted the brandy. Gave him an opiate and ordered perfect rest; not to be moved for any thing. He lay seemingly on a pivot betwixt time and eternity all the evening. His pulse could be barely felt at 3 o'clock, P. M., and ran on soft and slow all the evening. Bowels moved three times during the evening. From dark till 3 o'clock, A. M., of the 22d, he rested badly, but at that time he went to sleep, and so did I; but I dreamed of ghosts, of blood and of murdered dead.

July 22d.—Has slept quietly from 3 o'clock, A. M., till 7 o'clock, A. M. Pulse 110, small and feeble. Thirst great; has fever; his skin is soft.

Afternoon.—Pulse irritable; tongue dry; has had several faintings. At 5 o'clock, P. M., I dressed his wound. Wound looks healthy, but his back is hot, and the bed emits a very offensive odor, the weather being excessively warm and the bed reaking with blood. Changed him to a dry mattress, laying the mattress on the floor beside the *bloody bed*, and gently moving him inch by inch.

8 o'clock, P. M.—Patient is sinking from exhaustion; complains of his head; has more fever; cannot void his urine; drew it off with a catheter. Pulse feeble, quick and counts 120. Cautiously gave him Liquor Morph. Comp. and Tinct. Veratrum; repeated the dose every hour till quiet was produced. He became quiet, fever subsided, and he went to sleep by midnight. Air does not pass through the wound. Breathing short and hurried. Lung expands but little.

23d.—Patient very much improved; pulse good; skin moist; wound looks well; is resting on his right side; has no pain; crepitant rhoncus in the region of the wound; vesicular murmur distinct in the inferior lobe.

24th.—Has strong disposition to fever again. Pulse 104 at 8 o'clock, A. M., small and thread-like. Gave him the opiate and sedative treatment. Wound doing well.

10 o'clock, A. M.—Skin moist, but his tongue dry and thirst great; pulse softer; pain in the left side; mucous rhoncus in the region of the wound. Ordered his side rubbed with a rubefacient liniment.

12 Noon.—Still has a strong disposition to fever. Repeat the opiate and sedative.

2 o'clock, P. M.—Fever gone; pulse good; skin moist and soft. Give him Citrate of Magnesia to move the bowels. Spent the afternoon quietly. Midnight, patient sleeping and doing well.

25th.—His bowels were moved during the night; slept well till day. Some fever again; pulse 110 and full; tongue heavily coated; white fur; skin hot and dry; has but little pain and soreness. The patient called my attention to a crackling sound in his left side. On examination I found it was a loud and distinct friction sound, originating between the surfaces of the pleura. No dullness on percussion. Wound looks well. Gave him the opiate and sedative treatment, and soon subdued his fever. He spent the day quietly.

26th.—Patient feeling badly. Did not rest well. Cool night. Ordered his bowels moved with the Citrate of Magnesia. Closed the wound by adhesive plasters.

27th.—Complains of great soreness through the chest, especially at the juncture of the diaphragm with the chest. No fever; skin soft and pulse good. Ordered his chest rubbed with the liniment.

28th.—Pain in the chest and wound very sore, but it is closing a little. Rested badly. Dressed his wound and moved him home—distance about three hundred yards. Had him carried on a hand carriage, well supported by eight men. He was improved by the change and now can be quiet.

29th.—Patient improving finely; wound looking well and granulating, but I can still see to the surface of the pleura.

On this day I had my hands full, having assumed the responsibility of managing a case of heart disease. It was but a step from the one to the other, and as my lung case yielded so kindly to my treatment, I had great hope of succeeding with the heart. But in the one Dame Nature assisted, while in the other it was *a leap in the dark.* I was very cautious then, and now I have the pleasure of informing you that I have cured what I thought in this case was a fatal disease. The lung case is getting well; the heart case is bounding in newness of life. I defy any one to treat two cases alike in character to that of Mr. G. and then my own without neglecting one or the other. I speak advisedly, for I have tried it. But the next day, Mr. G. was worse and I was better.

30th.—Patient worse this morning, (no wonder,) and complains greatly of pain in his chest. At 9 o'clock, A. M., he had a fainting spell. His feet became cold and void of sensibility, and his stomach very sick. Ordered his chest rubbed well with the liniment and gave him mint julep. Mucous rhoncus still in the region of the wound. Tongue red in the centre. Now patient better, but still complains of pain in his chest. Gave him an opiate.

8 o'clock, P. M.—Doing well.

31st.—Patient slept well all night; pain gone; tongue improved, not so red; says he feels well; appetite returning. Ordered him a tonic to be taken three times a day every day. Dressed his wound with citrine ointment.

Mr. G. has gradually and constantly improved every day up to date, August 15th, and is now riding about. The wound only wants a cuticle to be perfectly well.

Is it not strange that he has had no cough at all? His lung was cut, for the hemorrhage and the ingress and egress of air proved it.

It must have been a large wound of the lung, for as he inspired air, it would pass out at the wound with one gush, not unlike a bellows with its valve raised. If it had only been a wound of the thorax, then air would still have rushed in, but during the expirations none would have rushed out. Did I not know that the lung had been cut, or had I seen him the first day after the accident, I should have pronounced it only a wound of the thorax.

Mr. G. is a spare built man, full six feet tall, aged forty-five years; is of thoughtful habits and accustomed to vigorous exercise. He is naturally stooped in his shoulders, but was leaning forward when he received that wound, which caused a valve to be formed over the wound when in an upright or recumbent posture.

The main features in the plan of treatment were: 1st. perfect rest; 2d. to keep the patient constantly under the influence of an opiate, to wound sensibility and secure rest; 3d. to check the least appearance of fever.

Respectfully, D.

Nashville Journal of Medicine & Surgery.

CONTRIBUTIONS TO THE PHYSIOLOGY AND PATHOLOGY OF THE HEART.

BY H. BAMBERGER, PROFESSOR OF MEDICAL CLINIC IN WURZBURG.

On the Motion of the Heart.

During the past summer, the rare opportunity was afforded me of closely observing through a wound in the parietes of the chest the conditions of the heart's pulsation—a phenomenon frequently discussed, but as yet very obscure. The case occurred in a healthy man, thirty years of age, who attempted to take his life by stabbing himself in the breast with a sharp knife. The deed took place in a public garden, and I saw the patient half an hour afterwards, when he was brought into the hospital. According to the testimony of those who brought him there, the bleeding had been profuse, and must at first have spirted in streams from the wound. He was pale and exhausted, but conscious. It was a smooth-edged, gaping wound, about an inch broad, inclining downwards, somewhat in front of the nipple, and at the lower side of the fifth left rib. Upon each contraction of the heart a considerable quantity of dark blood was discharged. It was evident that the patient, who belonged to the higher class, had intentionally selected that spot where the pulsations of the heart were best perceived. I pressed my index finger into the wound, and was greatly surprised to meet the flat, slippery point of the heart, which had, however, received no perceptible injury. There was scarcely a doubt that the pericardium was opened, as it would have been scarcely possible otherwise to have felt the point of the heart with the accuracy above described. Of course, I availed myself of this favorable opportunity to study, as far as was possible, the motion

of the apex of the heart. When my finger was introduced from the point towards the back, I could convince myself with the greatest certainty that at every systole the hardened and pointed apex of the heart slipped down along the front wall of the breast downwards, somewhat to the left, and a little below the lower margin of the wound; a copious discharge of blood taking place at the same time near my finger, whilst in the diastolic movement the apex retreated upwards and could not be felt. The duration of the first period, when the point of the heart moved along my finger, appeared to be somewhat shorter than the second period; yet I could make no positive assertion regarding this, as the contractions of the heart were so frequent, about 100 in a minute. Notwithstanding the strictest attention, I could not perceive the lever-like motion of the point of the heart, nor the rotation of the same about its longer axis.

As regards the patient, it is merely necessary to state, that the suture was immediately applied. After a few days, pericarditis developed itself with a loud, grating, friction sound that lasted about ten days, accompanied by a moderate effusion into the left pleural sac. In spite of this condition and of a slight hæmoptisis that occurred, the general symptoms were light. The patient rapidly recovered, the wound healed by the first intention, and after a few weeks he was discharged. Neither in the pericardium nor in the pleural sac, as daily investigations showed, did any admission of air take place.

It may be permitted me to offer a few remarks upon these observations. The most important object gained by it is, I consider, the establishment of the fact that during the systole of the heart a true movement of its apex takes place, in the direction from above downwards and towards the left. The question might arise as to whether this movement may not be considered only as an apparent one, induced by a systolic elongation of the heart; but since Harvey has shown more clearly the relations of the heart to the circulation, the previously accepted view of the heart's lengthening by the systole is entirely exploded, and at present the results of numerous vivisections and observations of ectopia of the heart places beyond doubt the fact that the heart during the systole is lessened in its long diameter. The fact, therefore, that the apex of the heart can be felt considerably lower during its systole than during its diastole, only by an actual depression of the whole heart, can only be explained in the manner as described long since by Skoda. Skoda has published similar observations on a new born child, with deficiency of the sternum, where the fissure was only covered by skin. I had been a long time convinced of the correctness of Skoda's view, that in decided hypertrophy of the heart the deeper position of the apex of the heart during the systole might be proved by percussion, and those observations further made it highly probable to me that similar relations existed for the normal condition; this probability has since become positive certainty. This circumstance explains also the fortunate results of the above mentioned case. If the communicated facts are considered, we are necessarily led to the view that the stab must have been made at the time of the diastole, for only on such a supposition

is it conceivable that the apex of the heart, which was felt beating so distinctly in the wound, could remain uninjured. Besides, it is not inconceivable that the violent physical concussion at the moment of stabbing may have prevented the occurrence of the systole.

How is it now with reference to the oft mentioned lever-like motion of the heart, in consequence of which the heart beats against the parietes of the chest? Harvey, Cruveilhier and Follin have observed this in ectopia of the heart, and the numerous investigations of Volkmann seem further to place this fact beyond doubt. It may be imagined, that I am not inclined to oppose such authority, or to place too much value upon one negative observation, whilst at the same time I do not wish to undervalue its importance, as it appears to me to be the only one whose outward relations differ as slightly as possible from its normal condition. For it appears to me, that it can be readily conceded that the possibility of a lever motion of the heart may take place where the wall of the chest is absent or broken through, without its being necessary to maintain its actual occurrence in an uninjured thorax. It may be exactly as it is in the motions of the exposed brain, the possibility of which we can with justice deny in an uninjured skull. In one case as in the other a normal obstacle is absent, and forces are put in action which could not be so at an earlier period, although in each case they must have been present. So long as we are ignorant of the *quantum* and *quale* of the determining forces of the hearr's motions, it will remain a useless task to determine *a priori* the direction of these motions; if we concede, however, the motion of the heart to be downwards, and consequently the existence of a force that drives it there, as is proved by the foregoing, then may we also grant the existence of another force, which has the tendency to move the heart lever-like forward. This, however, is so restricted by the chest-parietes, that the resulting motion is in the direction downwards; the heart moving downwards is pressed more strongly against the breast wall, which condition possibly assists the object of the heart's contraction. The lever motion can never of itself be the measure and the true reason of the heart's pulsation; for the greatness of these pulsations does not depend upon the material of the lever, upon its thickness, &c., but upon the length of its arm and the moving force. The heart's pulsation ought therefore, all other things being equal, be stronger in a giant than in a dwarf, in an adult than in a child, which all experience contradicts. On the contrary, it cannot be denied that the thickness of the heart's walls has a positive influence upon the force of the heart's pulsations, as daily experience in hypertrophy of the heart proves.

The complete parallelism that exists between the anterior surface of the heart and the interior wall of the chest, the perfectly flat surfaces of both and the intimate contiguity of the same in the closed thorax do not accord, as Kiwisch has already shown, with the idea that the apex of the heart beats against the breast wall, and is forced into the intercostal spaces. In narrating later experiments upon animals which I have had the opportunity of making, I shall return again to the question of the lever motion. Though I cannot entirely

agree with Kiwisch's view, and must hold to the motion of the heart in every case being downward and toward the left, yet I fully coincide with him when he makes the perceptible impulse of the heart depend not upon a peculiar beat of its apex against the breast, but merely upon the evident systolic hardening of the muscles of the heart pressed into the intercostal space. But it may be asked, if this is the case, why is the pulsation of the heart felt only at a small spot corresponding to its apex, and not over the whole surface where the heart lies upon the breast-wall? Several things appear to me to contribute to this. First, that part of the heart, that is directly upon the breast-wall, belongs entirely to the right ventricle which, on account of its comparative thinness, is far less fitted to make its systolic hardening outwardly apparent, whilst that point of the left ventricle that lies close upon the breast-wall, from its greater muscular character, is consequently better fitted to make its action apparent. Besides, we must not forget that the juxtaposition of the upper ribs which are closer even than the sternum, and more particularly the thick muscles of the breast, render it almost impossible to perceive the heart's contractions under ordinary circumstances. I have myself often observed, in children and in emaciated persons, that the heart's impulses frequently occupy much greater space, and indeed can often be clearly felt wherever the heart touches. In hypertrophy of the heart this is, as is well known, a daily phenomenon. I have seen very frequently the right ventricle of the heart giving as decided an impulse as the apex, and yet there exists no reason for supposing that the motions of hypertrophical hearts, leaving the strength out of the question, differ in any way from those of the normal ones. If the breast muscles of a rabbit be removed, and the intercostal space exposed, the pulsation will be distinctly felt on every part that the heart touches, though this could not have been previously perceived. There is, therefore, no necessity to postulate any other than the usual motions of the heart's pulsations.

Skoda (5te Aufl. p. 162) opposes his view of the action of the contracting power of the lungs upon the chest parietes to the views of Kiwisch. The conclusion of his argument purports as follows: "Since the heart is held in contact with the chest parietes and the diaphragm by the expanded lungs, and the contracting power of the lungs causes a continual contraction of the soft parts of the chest wall, then the heart, whatever form it may take, can never by a change of form cause an arching of the intercostal space or diaphragm from above or below; it must rather, if there be no other influence upon its condition, produce a slight drawing inward of the intercostal space and of its diaphragm."

In spite of my great reverence for Skoda, I must here be permitted to differ from him. If we were treating merely of the diminished space of the heart during the systole, a contraction of the intercostal space rather than arching of the same would occur; but when on that account the heart passes into a more ball-like form, its muscular fibres hardening and consequently producing a pressure against the chest wall, which does not take place during the systole, then the question

is, whether this pressure from without is sufficiently great, not only to prevent the contraction of the lungs, which acting through the heart produces a contraction of the intercostal space, but actually produces a positive rest. Already *a priori* this possibility must be admitted, since no other sufficient reason exists, and *a posteriori* shows even that the existence of a systolic arching is in fact the case.

On the rotary motion of the heart, mentioned by many experimenters, the consideration of this case offers no conclusions. Whilst it is at first sight probable, that such a one can only be sufficiently clear on the bases of the heart, and not merely at its apex, and it were unjustifiable to deny the motion solely on the ground of one negative observation; on the other hand, the peculiar undulating arrangement of solid exudations in pericarditis confirms the same to a very great degree.

I have intentionally mentioned the results of my observations, and such as immediately grow out of them, without bringing into the question any experiments on animals, because I am of the opinion that any deduction from the phenomena of the heart's motions in animals can only be applied with great care to man. But I believe not the less, that they must yield exceedingly important data, if they are brought into harmony with the observations on healthy and diseased men. I have the liveliest desire to observe the phenomena of the heart's motion in animals, in a much more extensive manner than has yet been offered to me in man; but I also believe that an actual advantage can only be drawn from such observations, by preserving intact the relative position of the heart and the lungs, because, from the beginning, I was convinced that any important disturbances in the normal relations must produce such considerable changes in the heart's motion that any application of the same could not be thought of. Further observations have in the highest degree confirmed this view, and convinced me that in the open pleura, or in the removal or tearing out of the heart, its motions suffer the most important changes, and indeed not rarely are completely opposed to its normal condition. Too true it is, that the various investigations of extracted hearts have rather hindered than assisted the student on the motions of the same. —*Medical Examiner.*

THE REMOTE EFFECTS OF ANÆSTHESIA ON THE SYSTEM.

BY F. D. LENTE, M. D., SURGEON TO THE WEST POINT FOUNDRY, NEW YORK.

In the September number of this journal is an article on the "Permanent Effects of Anæsthetics," by Clark, of Newark, in which he mentions three cases occurring in his own practice, where he considers that the anæsthetic, without producing any untoward effects at the time of administration, sets up a train of symptoms subsequently, such as are usually denominated nervous, which were not controlled, in two instances, under the lapse of a year or more. Besides these

cases the writer mentions several others, without going into details, which have occurred in the practice of other physicians in his vicinity, in which very serious effects followed the use of anæsthetics, and were thought to have been produced by their agency, one by the late Dr. Bliss, of New York, of idiocy and amaurosis following the use of anæsthesia during labor. Whether the unfortunate *sequelæ* of anæsthesia in all these cases bear the relation of *post hoc procter hoc*, must be exceedingly difficult to determine, even by those who watched the cases; but that this relation existed in some of them at least, is very probable by all the rules of medical evidence.

Although it has been very common, ever since the general introduction of anæsthesia into medical and surgical practice, to meet with individuals who supposed themselves suffering from the remote effects of anæsthetics, and who would assert most positively their determination never again to submit to inhalation for any purpose, we have had, as far as our information extends, no direct medical evidence bearing on the subject previous to the publication of Dr. Clark's article.

The great advantages of anæsthesia in medicine and surgery have now been established on too firm a basis to be easily shaken. For a time, like all great discoveries and inventions, it had its opponents to contend against, but they were soon borne down by the overwhelming evidence of eminent men throughout the world in its favor. Therefore, we may, at the present time, with less hesitation inquire, whether there may not be other dangers attending its use than that of immediate death, and suggest the propriety of watching patients who have been subjected to its action, for some time after, and noting any apparent ill effect. It is time that so important a subject should be investigated, and that the great experience of the profession should be known. If instances of the remote ill effects of anæsthetics occur so frequently, as we would infer from Dr. Clark's experience, and that of his friends, their use certainly ought to be more circumscribed than it is. It is very probable that those who advocate the almost indiscriminate use of anæsthesia—and there are not a few in the profession who appear to do so, and who practically ignore all danger—will sneer at the record of cases tending to produce any distrust of its safety and to restrict its application. It will be very easy for them to force the conclusion on their own mind that the alleged bad consequences were due to other agencies than anæsthesia. On the other hand, there will be some danger on the part of those who have never been strong advocates of its use, of ascribing to its influence effects which might be attributable to other causes. Still, we think it important that cases in which anæsthetics appear to have been productive of serious ill consequences, should be brought to the notice of the profession, that some idea may be formed of the relative frequency of these accidents. With this view we beg to present, in connection with Dr. Clark's record, the three following cases which have occurred within the last five years in our own practice:

Case 1.—In the summer of 1853, assisted by Dr. Leroy, formerly resident surgeon of the New York Hospital, I operated on a boy in

apparent good health, eight years old, for contraction of the index and middle fingers of the right hand, the result of the cicatrization of a burn some years previously. As the case required a careful and somewhat protracted dissection of flaps into the palm of the hand, the patient was subjected to the influence of sulphuric ether, administered by Dr. Leroy on a sponge in the usual way. Nothing remarkable occurred, either during the administration of the anæsthetic or during the operation, and but a moderate quantity of blood was lost. The patient soon recovered consciousness, but in a short time he became very feeble, and soon commenced vomiting, although no food had been allowed for seven hours previous to the operation. The pulse commenced sinking rapidly, consciousness being unimpaired. Frictions were at once resorted to and stimulants attempted, but were immediately rejected by the stomach. The prostration soon became extreme, and dissolution appeared imminent, both to Dr. Leroy and myself. Brandy was freely administered by enema and retained, and in the course of an hour or two reaction slowly commenced; but it was not until several hours had elapsed, that it was considered safe to dress the wounds, so slowly did the patient recover from the prostration.

Case 2. This patient, a young man in ordinary health, not robust, aged about twenty-five, of nervous temperament, wished to have a large number of decayed teeth, and fangs of teeth removed. At the request of the dentist, who was to operate, I administered sulphuric ether, patient sitting upright in the operating chair, a necessary position during such an operation. The patient had previously been considerably frightened, both at the idea of the operation, and of the anæsthetic, although unwilling to undergo the suffering without it; he had accordingly primed himself pretty thoroughly with brandy, but was in no wise intoxicated. Nothing unusual occurred during the administration of the ether, and anæsthesia was induced without difficulty. Six stumps were rapidly and skillfully extracted—say within three minutes, perhaps within two. The patient then showed some signs of returning consciousness, and more ether was administered; anæsthesia was soon re-established, and six more teeth were with equal rapidity extracted. The anæsthesia was very complete, but there was no unusual difficulty in recovering the patient, and he was soon able to walk home. A week or two after this, he applied to me complaining of debility, pain about the head and dizziness, a disposition to faint and fall down, and various nervous symptoms, which, he said, had troubled him ever since the operation. He was very low spirited and fearful of some serious disease. He, of course, attributed all this to the ether. I endeavored to divert his mind from this idea, and prescribed change of air and tonics. He went away, but returned within a few weeks not much better. Subsequently he improved, and after a couple of months longer was much better, though still rather nervous and desponding. He afterwards went to the city to reside, and since that time I have not seen him.

Case 3.—W. M., a young gentleman, about thirty years old, in robust health, of temperate habits, was attacked with ulceration of

the soft parts of the mouth from pressure of a crowded wisdom tooth. The pain was very severe, causing loss of rest and food. I advised the extraction of the tooth; but the dentist to whom he applied merely, cut away the overhanging edges of the ulcer. The inflammation increased and extended to such a degree, as to produce almost complete closure of the jaws, with inability to open them. It was absolutely necessary now that the tooth should be extracted, as the only means of arresting the inflammation, and it was therefore proposed to etherize the patient in order to allow the jaws to be forced open sufficiently to admit the introduction of a forceps. Sulphuric ether was accordingly administered. The patient came rapidly under its influence, scarcely requiring an ounce and a half, though not entirely unconscious. The jaw was forced open with but little difficulty, and the tooth rapidly extracted by the dentist in attendance. The patient soon recovered, but seemed a little nervous and considerably excited, but expressed himself as entirely relieved from the severe pain he had been suffering. He was advised to go home and lie down for a few hours. He walked home, about a quarter of a mile or more, and followed my advice; but in the afternoon complained that the ether was still in his lungs, and sought to get rid of it by riding and walking. In the evening he was at the house of a friend in gay society, and seemed to enjoy himself, still, however, occasionally complaining of some difficulty about his chest, when, all at once, he fell from his chair, exhibited great restlessness, tossing about of the arms and legs, with great difficulty of breathing, but no loss of consciousness, declaring all the time that he could not get his breath for the ether, and that he should die; his hands and feet were said to be cold. Before I reached him, various restoratives had been applied, and he had been almost drowned by the assiduous application of hot water. It was evident at once that it was a case of violent hysterics, unusually well marked in a male. Patient at times would laugh and joke, then express fears of impending suffocation with jactitation, declaring that, as vapor of ether was heavier than air, he ought to be held up and allow it to run out of his lungs. As he was rather weighty to allow of convenient inversion, his request was not granted. Large doses of morphine were administered, but had no effect; it was only after several hours that he could be quieted. The next day he was able to be up, but complained of weakness and a disposition to faint on the slightest attempt to walk; also of some difficulty of breathing. This continued for some days, but finally disappeared, and within ten days he was apparently in his usual condition. Patient has never previously exhibited any tendency to hysteria.—*New York Journal of Medicine.*

Glycerine Preserving Organic Bodies.—Luton states that animal and vegetable substances may be kept for a long period perfectly free from decomposition, when immersed in glycerine. He also finds that it is a good antiseptic agent for injecting dead bodies.—*L. Lanc.*

EDITORIAL AND BOOK NOTICES.

THE MEDICAL INDEPENDENT.—However unpleasant or unprofitable it may be to allude to any of our cotemporaries, for none of whom we have any ill will, in a controversial or complaining manner, yet the extraordinary course which the editors of the *Medical Independent* have seen fit to pursue, demands from us a faithful exposition. For what is now said, the writer of this article whose initials are subscribed, should alone be held responsible. He has not submitted it to his associates, but has taken the liberty from his having been longer than the rest connected with the Journal, and not having in any manner been personally concerned in what has occurred, of expressing his own views respecting these events. In so doing he is not unmindful of the fact that he will probably incur the displeasure, and call down upon himself a degree of personal opposition and detraction which, from his absence and non-interference, he has not hitherto encountered. But a sense of justice and public duty, no less than the dictates of personal friendship and regard, for one deemed so worthy of such regard, forbids his longer silence and induces him to attempt a dispassionate review of some of the difficulties which have unhappily arisen.

Of the circumstances and motives which gave rise to the establishment of the *Medical Independent*, we have little to say. Whether its existence arose from a consciousness that the profession of the North-West needed another journal, and from a laudable desire to supply that need; or, whether from a love of notoriety—a desire to see a name in print, a *cacoethes scribendi*—or from jealousy, envy or malice towards any of those connected with the one already established, we shall not attempt to decide; although such a decision might throw additional light upon the events which have transpired. We do not question its right to existence, and had it been conceived and conducted in a proper spirit, we should not have complained. But whatever were these circumstances and motives, and the more private conduct of parties, the open difficulties commenced in the manner described below.

In the April number of that journal the senior editor, Dr. Henry Goadby, "Fellow of the Linnean Society of London," and recently immigrated to this country—not a practising physician absorbed in the daily routine of professional labor, but a man much at leisure and professedly devoted to natural science—contributed an article describing an animal, the skin of which had been given to him by a

hotel-keeper at Grand Rapids, in this State, and "which," he said, "presented some very curious and interesting particulars."

The creature—a Mink, or, in scientific language, a Putorius Vison—was figured and described as having its anterior and posterior extremities arranged for opposite aspects of the body—the forelegs normally on the lower or ventral surface, while the hindlegs were projecting from the dorsal surface. When the forelegs were *down* normally, the hinder ones were *up*, most abnormally—elevated into the air, "with the toes in the direction of the head;" the "tail was turned upside down" and next the ground. As the story was told in the journal, the mink before it was killed by an "Indian," effected locomotion, when it was not in haste, by means of its forelegs, its hind extremities not then being brought into action, and the posterior part of its body—its rump, dragging upon the ground; but when in haste, it turned over, using its hinder legs, its forelegs being then useless, and the back of its head, we suppose, with its nose pointed like a shuttle, sliding upon the ground. Whether the hair and skin were worn most from the head or the rump, so as to determine whether the animal was more frequently in haste or at its leisure, or whether such marks were left on either of these important parts, as evidences of this singular mode of progression, does not appear. How the spine, so important a part of the vertebrata, was situated, and how it got from the dorsal to the ventral aspect of the animal, and how the nerves and viscera were arranged in relation thereto, the scientific world has been left uninformed.

As any one on the slightest reflection, having any knowledge of animal organization and the feeblest rays of American common sense, will readily conjecture, such an account, based upon second hand testimony from an "Indian," with only the skin of the animal, (which certainly could have been more easily twisted than the animal itself,) to confirm it, was in the highest degree improbable, if its truth was not quite impossible; and the whole thing was ridiculously absurd. The verdent cockney had evidently been "sold" by a facetious Yankee Boniface, (as we can scarcely conceive it possible that one with sufficient shrewdness to deal successfully with such customers as visit a village tavern, could himself have been imposed upon by an Indian) —and the "Fellow of the Linnean Society of London" frankly admitted his ignorance of natural history by confessing that he did not know and could not then ascertain what the scientific appellation of the animal was, or whether its common name should be written "Mink" or "Minx."

Our senior whose familiarity with natural history is well known, referred in our July number to the article, and treated the subject as so ridiculous a subject, it would seem, could alone be treated—with levity and ridicule; while at the same time he gave the natural history of the Mink. Whether this was or was not more severe than was absolutely necessary for the exposure of the absurdity, we shall not attempt to decide; but certain it is, that the offensive pretensiousness of the author of the sketch (we hope this is not slander) afforded the strongest temptation, if not the most complete justification for all the asperity used. It had the effect to stir up the dirty waters in at least one editorial bosom, and the filthy material which, as we have been informed, had previously found vent in private personal opposition and detraction, was now poured forth in the printed pages of the *Independent.*

The man who has for thirty years been so largely identified with the profession of America—who had served with distinction for years as surgeon in the United States Army, where the ordeal of admission has ever been so rigid as to confer upon all having successfully passed it, decided honor—who, from his labors and attainments, has stood for the last twenty years at the head of the profession of his State—who has risen to the highest honor which the representatives of the profession of the country can confer—the Presidency of the American Medical Association—and that, too, so evidently appropriate was the selection, by an absolute unanimity in the nominating committee and the Association—a thing entirely unprecedented in the history of the body—and who, in that office, and in every other situation has sustained himself in a manner becoming his position—this man was represented as dealing in "slang," as being unworthy of notice, as being influenced by jealousy and malice, as being incompetent and unfaithful in the discharge of his duties in the hospital over which for many years he has had the medical supervision, as being an automaton prescriber, a figure head, &c., and other epithets were used of a similar kind, the absurdity and wholesale untruthfulness of all which may be illustrated by a single example.

Among other things in one of the tirades, he is represented as resigning his position in the army, because a law was enacted requiring a higher standard of qualifications of surgeons, and that he feared the ordeal of an examination; when the fact was, that at the time of his resignation he was *President of the Army Medical Board*, which had these examinations in charge.

Such, in the choice of language and of false and malicious accusa-

tion, has been the course of the *Independent*; and when, in reply to the charge of being actuated by jealousy in exposing the ignorance and gullibility of the senior editor of the *Independent* in the Mink affair, the action taken by the "Detroit Medical Society" in relation to him, and the grounds of that action were, as has been virtually confessed by the *Independent* itself, truly stated to show the impossibility of having been influenced by such a feeling towards such a man—a suit for libel was instituted in the United States Court; and the publishers of this Journal, including the "Citizen of Illinois," were summoned to answer in damages to Henry Goadby, an "alien and subject of her Majesty the Queen of Great Britain and Ireland!"*

In view of these facts we appeal to the honorable portion of the profession of this State and of the country—to those who have known and honored the principal subject of these attacks and this prosecution, whether they can encourage or tolerate those who are engaged in or approve of this pursuit? Shall the medical press be silent, when its freedom is thus attempted to be invaded? Shall one of the first and oldest, most respected and honored of the laborious members of the profession in the West be thus maligned and pursued by men, some of whom are mere striplings in age and experience in the profession, and all are but of yesterday among us, and the indignation of honest men not find emphatic expression?

It is always unpleasant to allude in a public manner to the private affairs of any parties; but a fair and proper understanding of this matter—an appreciation of the ingratitude involved, requires it to be said that, when this foreigner came to Detroit, a stranger and in need, he received countenance and assistance from no one so freely and efficiently as from the object of his present attacks. Among other favors he received letters of introduction from him to various gentlemen in different parts of the State, and in consequence of these found tolerance, shelter and hospitality under their roofs.

There is no legal statute for the punishment of ingratitude, else there would be occasion for the services of a prosecuting attorney in this case; but every generous heart must hold in abhorrence the viper which stings the confiding bosom that has warmed it into life.

Were all these facts in the possession of the profession and the community, they could not be indifferent to an attempt to injure and

* We do not intend to say that the *Independent* has confessed that its Senior Editor was justly expelled from the society. Of course, it contends that the action was improper and unjust; but the fact that a vote of expulsion passed, on the alledged ground of improper conduct, is too notorious for even that journal to ignore.

annoy a man so honored and beloved—who has been daily seen in the streets of his adopted city for twenty years, until his form is as familiar to all as those of their own household—who has been in season and out of season, ever ready and active in the performance of the laborious duties of his arduous and benevolent profession—equally attentive to the rich and the poor, having been in almost every palace and cottage in the city—always the same dignified and urbane gentleman; and equally acceptable in every place; and whose character and attainments no less than his age have rendered him venerable—and this attempt too, made by men almost unknown, and quite as unhonored among them. Will they not set their seal of disapprobation upon those, who thus, equally regardless of justice and decency, attempt to rob and traduce the man who may be regarded as the father of his profession in Michigan? However this may be—whatever the immediate result, those men, like the traducers of exalted merit and virtue, will at length be condemned and forgotten, while the object of their traduction will be remembered and admired.

A. B. P.

Transactions of the American Medical Association. Vol. IX. 1856.—As briefly announced in our last number, this volume is upon our table. It is a large, well got up book of over 900 pages, printed upon white paper, with clear type, and bound in a neat manner in cloth. The appearance of the volume is certainly creditable to the Publication Committee and to the printers, the Messrs. Collins, of Philadelphia.

We propose now to give a list of its contents, and in this and future numbers a synopsis of its more important papers.

The contents consist of Minutes of the Ninth Annual Meeting; Report of the Committee on Publication; Report of the Treasurer; Address of the President, Dr. Geo. B. Wood; Report on Deformities after Fractures, by Dr. F. H. Hamilton; Report on Hydrophobia, by Dr. Thos. W. Blatchford; Report on the Causes which impede the Progress of American Medical Literature, by Dr. S. D. Gross; Report of the Committee on Medical Literature, by Dr. R. J. Breckinridge; Report of the Committee on Plans of Organization for State and County Societies, by Dr. A. B. Palmer; Report on the Changes in the Composition and Properties of the Milk of the Human Female, produced by Menstruation and Pregnancy, by Dr. N. S. Davis; Report on Sanitary Police of Cities, by Dr. J. M. Newman; Report on the Treatment of Cholera Infantum, by Dr. A. J. Fuller;

Report on the Use and Effects of Applications of Nitrate of Silver to the Throat, either in Local or General Disease, by Dr. Horace Green; Report on the Best Mode of Rendering the Patronage of the National Government Tributary to the Honor and Improvement of the Profession, by Dr. J. B. Flint; Report of the Committee on Medical Education, by Dr. W. H. Anderson; Report on the Medical Topography of the Eastern Shore of Maryland, by Dr. P. Wroth; History of the Epidemic of Yellow Fever in Charleston, S. C., in 1854, by Dr. D. J. Cain; Report on the Epidemics of Louisiana, Mississippi, Arkansas and Texas, by Dr. E. D. Fenner; Report on the Meteorology, Mortality and Sanitary Condition of New Orleans for the years 1854 and 1855, by Dr. E. H. Barton; Report on Strychnia, its Physiological Properties and Chemical Detection, by Dr. L. H. Steiner; Partial Report upon a Uniform System of Registration of Births, Marriages and Deaths, and the Causes of Death, by Dr. G. S. Palmer; Prize Essay: On the Arterial Circulation, its Physiology and Chief Pathological Relations, by Dr. Henry Hartshorne; Plan of Organization of the Association; a List of its Officers for 1856, and a List of its Permanent Members.

From this catalogue of subjects it will be readily seen, that a large range is embraced, and many interesting and important matters are treated of.

A pretty full report of the proceedings of the meeting in Detroit was given in our June number, and the address of the President, and the report of the Committee on Plans of Organization for State and County Societies, were contained in full in the December number. To these we need not, therefore, further allude.

The reports of the Committee of Publication and Treasurer show a healthy condition of the business and financial department of the Association.

For the benefit of those who may wish to obtain the back numbers of the Transactions, it may be stated, that of Vol. I. there was on hand 41 copies, Vol. II. 9, Vol. III. 27, Vol. IV. 7, Vol. V. 316, Vol. VI. 66, Vol. VII. 120, Vol. VIII. 351.

The first paper in the volume devoted to a special professional and scientific subject, is that of Dr. Hamilton on Deformities after Fractures. This is a lengthy document of 264 pages, and a continuation of the subject reported upon the previous year. It is to be succeeded by another, as the subject is not yet completed; and the author has the permission of the Association to use the material which had become its property, in an anticipated work upon Fractures and Dis-

locations. These papers are the result of much labor and care, and are valuable contributions to surgical literature.

In the preface to his first paper the author says: "I propose to deduce from my own experience and from the experience of other surgeons, as recorded in this report, the true prognosis of fractures. This I shall endeavor to do with care and fidelity, avoiding on the one hand, if possible, the error of encouraging the practitioner with a prognosis too favorable, and, on the other, the equal wrong of leaving him to expect too little."

For this purpose he uses without restraint and, as he with justice contends, as a matter of necessity, the names of surgeons from whose practice he draws his cases. He says that hitherto "no one has volunteered to state fully what have been the results in his own practice, or in the practice of the hospital or other similar institutions which have been under his immediate charge." He says, the "deaths" and "cures" are reported from accidents involving fractures; but he has not seen any "published reports declaring what was the exact amount and value of the "cure," how much the bone was shortened or bent, or otherwise maimed and deformed. In short, they fail to inform us what are the deformities after fractures which, under fair treatment, may reasonably be expected."

This important defect in surgical literature and statistics—important when we consider its bearings upon the reputation of surgeons and upon suits for malpractice, which have become common, Dr. Hamilton has undertaken to supply, and the profession owes him a debt of gratitude for his effort. Even had his effort been a failure, the faithful attempt would have been worthy of praise.

The reporter more than intimates that surgeons have not accurately measured the limbs which they have so often reported as "perfect cures," and from motives affecting their individual professional reputation, they have frequently suppressed the exact truth. This has given rise to wrong impressions of what is to be expected in cases of fractures, and has operated injuriously upon those surgeons, on the results of whose practice men have sat in judgment.

The report is intended more to point out the defects which exist, than to indicate the means by which these defects are to be remedied; and his reply to the question as to "what good can be accomplished by exposing our failures?", is "that the first step towards improvement in any art or science must be a faithful exposure of its wants and deficiencies."

The first part of the report made in 1855 commences with fractures

of the *Ossa Nasi*, and including the *Septum Narium*, the *Ossa Maxillaria Superiora*, the *Maxilla Inferior*, concludes with fractures of the *Clavicle*. The second part of the report, made in 1856, includes fractures of the *Scapula* in its different parts, the *Humerus*, the *Radius* and *Ulna*, separate and combined, the *Carpus*, *Metacarpus* and *Phalanges*.

Detailed cases are given of 22 fractures of the Ossa Nasi, 7 of the Septum Narium, 6 of the Upper Jaw, 18 of the Lower Jaw, 53 of the Clavicle, 3 of the Scapula, (one of the Body, one of the Acromion Process and one of the Coricoid Process,) to which are added 13 cabinet specimens or fractures of the bones as seen in museums, 67 of the Humerus, besides 10 cabinet specimens, 38 of the Radius, 22 of the Ulna, 40 of the Radius and Ulna together, 7 of the Metacarpus and 15 of the Phalanges. He has observed no fractures of the Carpus which were uncomplicated, or which resulted in anything short of loss or considerable mutilation or maiming of the hand, and none of the few cases are detailed.

In these accounts a considerable number of cases are given which were not treated by regular surgeons, but these are distinguished from the rest, not only in the fuller histories given, but in the tables also, in which are contained a summing up of the histories and results of the whole.

After some reflection we have come to the conclusion, that we cannot do our readers a better service, than to present a somewhat extended abstract of these papers, both of the one presented in 1855 as well as that of 1856. It will occupy considerable space, but the space cannot be better occupied.

It will be seen from the report that of the 22 cases of fracture of the Ossa Nasi 14 were simple and 8 complicated; that 8 were treated by a surgeon, 10 received no treatment, and 4 were treated by persons not surgeons, or where the treatment was unknown. Of the 8 treated by a surgeon, 3 only were perfect or very nearly so, the remaining 5 were more or less imperfect, and all not treated by a surgeon were very imperfect.

Of the 7 fractures of the Septum Narium, a surgeon was employed in 4 cases, and none in 3. No treatment was adopted in either case, union took place in all, but all were imperfect, having lateral or backward displacements, and the nose turned aside, turned up, or the nostril obstructed in nearly all. Nose flattened in 2 cases.

Of the 6 fractures of the Superior Maxillary Bones, all were compound and complicated. Death occurred in two cases, one was a per-

fect recovery, one nearly perfect, and the other two united with more or less depression.

Of the 18 cases of fracture of the Lower Jaw, 5 were comminuted, 6 were compound comminuted, and 7 were simple. All were oblique but one. 10 recovered with no deformity, 4 had slight deformity, 2 or 3 with considerable deformity, and one died. The unsuccessful cases had no timely and proper treatment.

A large number of fractures of the Clavicle are detailed, and much space is given to this frequent and perplexing accident. The first 14 of the 53 cases enumerated were incomplete fractures, occurring in young persons. As a total separation of the fragments did not occur, there was no shortening in any of the cases. No projection or deformity in 7 of the number; in 5 there was slight projection, while in two others sufficient time had not elapsed to determine the result. A projection remained for five years in one case reported perfect. All simple and transverse. The remaining 39 cases were complete, separation of the fragments having occurred. Of these 34 were simple and 5 comminuted. 34 of the whole were oblique, and 5 of the simple were transverse. 36 of the 39 were fractured in the middle third, 1 in the inner third, and 2 in the outer. Of the whole of the complete fractures, all were treated by a surgeon, except one, and all had a bony union but this one, which was united by ligament; but in this case there was no impairment of function of the arm. Of the same, 3 are given as perfect without shortening or projection, while the remaining 36 were imperfect. Of the 36 imperfect cures, 2 had merely projections without shortening, while 34 were more or less shortened. Of the 34, 13 were shortened $\frac{1}{2}$ inch, 10 $\frac{1}{4}$ inch, 4 $\frac{3}{4}$ inch, and 3, 1 inch. The amount of shortening in 4 is not given.

In the case of fracture of the body of the Scapula there was union without deformity or maiming. In the fracture of the Acromion process there was a ligamentous union, with the function of the arm unimpaired.

Of the 67 fractures of the Humerus 13 were of the upper third, 10 were of the middle third, and 44 of the lower third. Of those of the upper third, one was a separation of the epiphysis, 7 fractures of the surgical neck, and 5 of the shaft. Of the lower third, 11 were above the base of the condyles, 10 through the base of the condyles, 11 of the inner condyle, 8 of the external condyle, and 4 between the condyles.

In the case of the separation of the epiphysis there was non-union

at five months, and the patient could not raise his arm. (Child thirteen months old at the time of accident.)

Of the 7 fractures of the surgical neck, 5 were simple and 2 complicated. Union occurred in all but one, and that in one of the simple cases. 4 were perfect cures and 3 imperfect, including the non-union. The amount of shortening in 2 cases was 1 inch, in 1, 1½ inch. The 2 complicated cases were among the perfect cures.

Of the 5 cases of the upper third of the shaft, 1 was complicated and died without union, 3 were perfect, and 1 shortened ½ inch.

In 9 of the 10 fractures of the middle third, union took place, 1 not united at five months. 6 were perfect, 3 besides the non-union imperfect; 1 shortened 1 inch, the other 2, ½ inch.

Of the 11 cases of fracture of the lower third, above the base of the condyles, 8 were simple, 1 was comminuted, 1 compound, and 1 compound-comminuted. All united, except the compound; 4 without shortening or deformity, while 7 were imperfect. Shortening in 2 cases ½ inch, in 1, ¼ inch, 1, 1½ inch, and 1, 1 inch.

Of the 10 fractures at the base of the condyles, 7 were simple and 3 compound-comminuted. All united, only 2 perfect, the remaining 8 with more or less shortening, deformity or maiming. 2 were ½ inch shortened, 1, ¾ and 1, 1 inch; 4 partial anchylosis, 2 others much deformity, pain and numbness of arm.

Of the 11 cases of fracture of the internal condyle, 10 are stated as simple, and 1 complicated with dislocation, the fracture being also into the joint. Of the 10 simple cases, in 3 the fracture extended into the joint. Union took place in the whole 11, perfect in 3, imperfect in 8. In 5 of the cases there was anchylosis to a greater or less extent, as well as displacement, and in one of the perfect cases there was anchylosis for six months.

Of the 8 fractures of the external condyle, 6 were simple, 1 comminuted, and 1 complicated with dislocation of the radius backwards. Of the simple, 2 were into the joint. All united, except the comminuted, one fragment of which did not, but the use of the arm was perfect. In none of these 8 cases was there a perfect cure. In 6 there was more or less anchylosis, and in all was there deformity to a greater or less extent.

Of the 4 fractures between the condyles, 2 were simple, 1 comminuted, and 1 compound comminuted. All united, but all were imperfect. In 3 there was partial anchylosis, and in all some deformity.

Of the 38 fractures of the Radius, 3 were of the upper third or neck, 2 of the middle third, 5 of the lower third, but above the point

of Colles' Fracture, 26 in the lower third, near the union of the epiphysis with the diaphysis, and 2 commencing on the radial side of the bone and terminating in the joint of the wrist.

2 of the 3 fractures of the upper part or neck were complicated, one with fracture of the condyle, the other with dislocation of the ulna, and one was simple. All the remaining fractures of the bone were simple. Union took place in all. Of the 3 fractures of the neck, all were imperfect; all had anchylosis, 2 pronation of the hand, and 1 loss of pronation and supination.

Of the 2 cases in the middle third, one was perfect, the other a slight forward bend of the fragments.

Of the 5 cases in the lower third above Colles' Fracture, 4 were perfect and 1 imperfect.

Of the 26 cases in the lower third, near the union of the epiphysis, 9 were perfect and 17 imperfect Of the imperfect, in 11 cases the hand fell to the radial side; in 9 cases there was stiffness of the joint or fingers, and in 2, projection of the ulna.

Of the 2 fractures projecting into the joint, the fragments are in perfect line, but the ulna projects a little, and the joints remain stiff.

Of the 22 fractures of the Ulna, 5 are of the olecranon process, 6 of the upper third below the coronoid process, 5 of the middle third and 6 of the lower. Union occurred in all the cases—bony in all except 3 of the olecranon, and those by ligament. Of these 5 cases of the olecranon 4 were simple, and 1 complicated with dislocation of the radius. 3 of the cases are stated as perfect and 2 imperfect, including in the last the complicated case, in which the forearm remained at an angle of 45° with the arm.

3 of the 6 cases of fracture of the shaft of the upper third were simple, 1 compound, 1 complicated with dislocation and 1 compound and complicated with dislocation. Of these all but the last mentioned were perfect cures. In that, the head of the radius was displaced, the ulna bent, flexion and extension imperfect, but the arm useful.

Of the 5 cases of the middle third, 2 were simple and 3 complicated with dislocations of the radius. The cure was perfect in all.

Of the 6 cases in the lower third, 4 were simple and 2 complicated with dislocations of the head of the radius. In 3 the cure was perfect, and in 3, including the complicated cases, the cure was imperfect —the bone bent at the seat of fracture.

Of the 40 cases of fracture of both bones of the forearm, 1 was of the upper third, 14 of the middle third, and 25 of the lower third.

The fracture of the upper third was simple and the union perfect, no deformity occurring.

Of the 14 fractures of the middle third, 12 were simple, 1 compound and 1 comminuted. In 9 union readily occurred, in 4 it was delayed, and in 1 it did not take place, the arm sloughing off. In 8 the union was perfect, and in 6, including the case of sloughing, it was imperfect.

In the 25 cases of the lower third 7 were partial, (not a complete separation of both bones); 18, including the latter, were simple, 4 were compound, 1 compound comminuted, and 1 complicated with fracture of the humerus. All united readily but 2, which were delayed, 19 of them with perfect cures, and 6 imperfect.

Of the 7 fractures of the Metacarpus, 6 were simple and 1 compound. They were all but one of the lower third of the bones; all united, 3 perfectly, 4 imperfectly or with projections, &c.

Of the 15 fractures of the Phalanges of the fingers, 4 were simple and 11 compound. Union took place in all, 9 being perfect and 6 imperfect.

We have thus given an extended abstract of the contents of these papers of Dr. Hamilton, and we are confident our readers who practice surgery, will appreciate the information which is communicated. In our practice we have often been called upon by patients who had had fractures of the clavicle, or about the elbow or wrist joints, and where greater or less imperfection existed, complaining of their surgeons for not obtaining perfect results, refusing them compensation or threatening them with prosecution. In many such cases the surgeon would be exculpated and the patient satisfied—a certain set of lawyers who prowl about courts and seek to prey upon our profession, would be confounded, and judges and jurors would be enlightened by placing these facts before them.

We shall look with interest for the conclusion of Dr. Hamilton's report, and are glad that we had the opportunity of doing what we could in the Association to have him allowed the privilege of using the materials of his report in his contemplated work on Fractures and Dislocations.

Although some of the gentlemen connected with the school of which Dr. Hamilton is a conspicuous ornament, have not always treated us exactly in the manner we consider most becoming—indeed, one or more of them, according to recent information, having treated the faculty of the institution with which we are connected, in a most

unbecoming and unfair manner—we shall not thereby be deterred from awarding credit to whom credit is due.

In our next number we intend to give abstracts of some of the other papers in the volume of Transactions before us. A. B. P.

☞ Our readers will perceive from our title page, that JOHN A. KERR & Co. have become the publishers of the *Peninsular Journal of Medicine*, and are fully authorized by the proprietors to act as agents for the same.

We also consider this a fit opportunity to inform our subscribers and readers that Messrs. Kerr & Co. have removed their Publishing and Wholesale and Retail Book Establishment to the corner of Woodward Avenue and Congress Street, where they have fitted up one of the most extensive and handsomest stores in our city. They keep on hand at all times a supply of medical, legal, theological and miscellaneous books, and will fill all orders in the most prompt and satisfactory manner. Foreign works may be obtained through them in the speediest manner possible. They are also the agents of the most extensive lithographic establishments in the city of New York. Also a complete supply of blank work and stationary always on hand. The community cannot be better served west of New York City.

DRUGGISTS IN DETROIT.—Messrs. Higby & Stearns and Dr. T. R. Spence, two leading and superior drug firms and manufacturers of chemicals and pharmaceutical preparations in Detroit, have presented to the Department of Materia Medica of the Medical College of the University of Michigan a variety of exceedingly neat and beautiful specimens of their pharmaceutical skill, in the form of various officinal and non-officinal preparations and compounds.

In this fine collection which has been received and arranged for exhibition and illustration, we are particularly pleased with the skill manifested in producing eligible and agreeable forms of different articles for administration. There are pills covered with foil—fluids contained in capsules—French wafers with which to cover powders—empty capsules into which powders, pills or liquids may be introduced and swallowed without being tasted—*pastilles* of positively agreeable taste, yet possessing medicinal virtues—Castor Oil even saccharated and rendered not unpalatable—and every thing pure, concentrated, permanent, and as little unpleasant as possible.

We may be suspected of discharging our debt of gratitude for these fine presents by an elaborate puff; but in all sincerity and with

the most rigid correctness we can say, that we regard such pharmaceutical skill, as is here manifested, as a boon to the medical profession and all swallowers of doses, and an honor to the city which sustains and encourages it.

Higby & Stearns, who may be found at 162 Jefferson Avenue, have a large variety of surgical instruments and dentists' stock, in addition to their pure medicines; and Dr. Spence, to be found at 64 Woodward Avenue, gives such careful and intelligent attention to the selection and preparation of his medicines, as to render him no less entitled to confidence and patronage. We have the utmost confidence in both these establishments, and warmly commend them to the patronage of our readers. A. B. P.

PHYSICIANS IN THE LEGISLATURE.—The medical profession is largely represented in our present Legislative Assembly. There are twelve physicians in both houses. This, we suppose, may be accounted for by reason of the past extremely healthy season. This appears very opportune for the consideration of the Registration Law, for the registry of marriages, births and deaths, and from the amount of influence which they should be able to exert, we may hope for, and expect a favorable consideration and active exertion in behalf of this very important measure.

ANNUAL REPORT TO THE BOARD OF REGENTS OF THE UNIVERSITY OF MICHIGAN, made October 15th, 1856. By HENRY P. TAPPAN, D. D. and L. L. D., President of the Board.

A copy of this annual exhibit, prepared with evident care, of the affairs of the University has been placed on our table by the officers of that institution. From it, we make the subjoined extract for the information of our medical readers, who, we doubt not, will be gratified to possess such an evidence of the general prosperity of the University, which holds so important a position in, and controlling a relation to the other members of our educational system, the origin of which is coeval with our existence as an independent State, it having been shadowed out, in the debates of the convention which framed the first constitution of Michigan.

To the Honorable the Board of Regents.

GENTLEMEN:—I am happy to report to you the continued prosperity of the University.

In the Medical Department no change has taken place in the corps of instructors.

In the Department of Literature, Science and the Arts, Rev. E. O. Haven, D. D., Professor of History and English Literature has resigned his chair. The vacancy is supplied, for the present, by Rev. John Lord, the well-known and distinguished Lecturer on History, and by Mr. D. C. Brooks, a recent graduate of the University. Lieut. William P. Trowbridge, a graduate of the West Point Military Academy, of the Corps of Engineers, and recently connected with the Coast Survey Service, has been appointed Professor of Mathematics in the Scientific Department.

The number of students during 1855–56 was as follows:

In the Medical Department - - - - - - - - -	153
In the Department of Science, Literature and the Arts - -	251
Total	404

Of these, there graduated:

In the Medical Department - - - - - - - - -	30
In the Department of Science, Literature and the Arts - -	20
Total	50

Up to the date of this report there has been admitted, during the present term:

In the Medical Department - - - - - - - - -	111
In the Department of Science, Literature and the Arts - -	84
Total	195

The whole number of students connected with the institution at present is as follows:

In the Medical Department - - - - - - - - -	153
In the Department of Science, Literature and the Arts - -	300
Total	453

This number will, probably, be considerably increased during the year, inasmuch as students continue to enter, and the course of Analytical Chemistry has not yet been commenced.

Our noble Observatory is in successful operation and has attained a reputation, both at home and abroad, which places it among the first Observatories of the world.

During the past summer we have been engaged in the erection of an Analytical Laboratory. This is now nearly completed, and will unquestionably be unsurpassed by anything of the kind in our country. Here students will be taught Practical Chemistry in the fullest sense, and this invaluable science will receive its applications to agriculture, manufactures and the arts. Each student goes through a series of analyses with his own hands, under the eye of the professor, and is enabled to acquire both the skill and the knowledge required of a practical chemist.

The School of Engineering, under Professors Peck and Trowbridge, will afford the highest advantages for producing scientific and practical engineers to supply the increasing demands of the West, as well as of the country at large.

It thus appears that our University is directly connected with our great material and public interests, and is calculated to subserve them beyond any institution in the great Northwestern and Southwestern regions.

Our collections in Natural History have received a most important addition through the instrumentality of Professor Trowbridge, consisting of three hundred specimens in Zoology, being the duplicates of collections made by him on the Pacific coast for the Smithsonian Institute, and of seven hundred more, generously furnished us by the Institute. We shall thus possess one of the richest Museums in our country.

While the Scientific Department has been enlarged in its provisions and increased in its efficiency, the Classical Department has not been neglected. Professor Frieze, who has recently returned from Europe, has brought with him some valuable additions in books, maps, engravings, photographs, and copies in plaster and *Terra Cotta* of some of the most beautiful antiques of the great museum of Naples, of the Vatican and of the Louvre. We have recently learned, too, that a friend of the University is about to send abroad Professor Bradish for the purpose of making an extensive collection of similar copies.

Such a number of active intellects, thus undergoing the processes of development and discipline, and which from year to year retake their positions in social life, cannot fail to carry down into the ranks of those who constitute the solid framework of society, a power capable of fusing its more stubborn elements and producing, by the transforming influence of intelligence, that unity and homogeneity in the people on which our institutions are speculatively based.

Although proud of the University as a whole, we as physicians are prone to look upon the Medical Department of it with especial favor, believing that the influence which the profession in this State should exert, and the position it should occupy, can only be attained by a steady adherence to the plan on which that Department has hitherto been conducted.

That plan was devised with the design of enforcing a more thorough preparatory education of the medical student, and a more faithful study of the elements of medicine, before its alumni should be permitted to make a practical application of the principles inculcated by his teachers, than has hitherto been enjoined by any similar institution in our country.

A consciousness of the necessity for doing this must have pervaded the professional mind of the nation at the dawning of our University existence, or else there is no way of accounting for the alacrity with which the physicians of the United States responded to a call for the formation of a National Association, which was constructed with a

view to the production of these identical results, only on a more stupendous scale.

Thus far our action in Michigan, though somewhat in advance in the order of time, has been in harmony with the National Association, standing in the matter of preparatory education in front of all our cotemporaries.

INAUGURATION OF THE DUDLEY OBSERVATORY AT ALBANY, N. Y., Aug. 28th, 1856.

Some friend has contributed not a little to our pleasure and profit by furnishing us with a pamphlet bearing the above title; and the perusal of its contents has afforded us an evening of deep enjoyment.

The contents are, besides the beautiful and chaste oration of the Hon. Edward Everett, on this occasion, Eulogy on the Hon. Chas. E. Dudley, by Washington Hunt; Remarks by Dr. B. A. Gould, giving in detail a statement of the efforts which have been made towards the establishment of the observatory at Albany; Letter from Mrs. Blandina Dudley, read at the inaugural exercises, in which she makes a further offering of $50,000 towards a required sum of $100,000, necessary for the permanent endowment of this institution, having already contributed most liberally in its inception; also Poem, and Letter and Schedule of the Scientific Council.

We can not say from which we derived the more pleasure—admiration of the practical interest manifested in the encouragement of science, and the munificence and liberality of its patrons, and especially of that noble woman who has so well understood the uses of wealth and the responsibilities of its possessors, or of that classical contribution to American literature, of one who wears the mantle of departed orators.

This oration is entertaining not merely from the sublime conceit and beautiful drapery in language of the ideas, in many parts, but contains much valuable historic information; exhibits the practical advantages from the science of astronomy and the intimate relations which all departments of science bear to each other.

Whilst reading the history of the efforts towards the establishment of this observatory, and observing the evident feeling of pride, and the gratulations on its completion, we reflected with pride upon the efforts among us for a similar object resulting in the establishment of the observatory at Ann Arbor, comparing favorably with even the richly endowed Dudley Observatory. We may well entertain feelings of pride that so much has been accomplished in our yet so young a

State, not yet having reached her majority since she became such; still with the ability of her citizens to do so much more, we can only attribute the failure, to no just appreciations of the claims of scientific institutions, nor do we think that there is at all such an appreciation of our State University among her citizens generally, as there should be. Whenever a general interest becomes manifested in it, this itself will prompt to individual aid and endowments, and will be the means also. of eliciting that aid from the Legislature, which she is justly entitled to, and which, we believe, as a matter of political economy, would be a judicious expenditure. C.

INTRODUCTORIES AND PAMPHLETS RECEIVED.

THE RELATIONS OF THE MEDICAL TO THE LEGAL PROFESSION, being the Introductory Address delivered at the Opening of the 51st Session of the College of Physicians and Surgeons of New York, October 20, 1856, by CHANDLER R. GILMAN, M. D., Professor of Obstetrics and of Medical Jurisprudence in the College. *Published by request of the class.* New York: BAKER & GODWIN, 1856.

We are personally indebted to the author for the above valuable and interesting address, prepared by one who has given the subject a careful and comprehensive attention; by one who holds a prominent and honorable position in our alma mater; and one to whom we can refer not only as our once *respected teacher*, but as our *present friend*. Were our space equal to our inclinations, we would give our readers the introductory entire, in lieu of this brief notice.

THE PHYSICIAN'S PRESCRIPTION BOOK, containing a List of Terms, Phrases, Contractions and Abbreviations used in Prescriptions, with Explanatory Notes; also the Grammatical Construction of Prescriptions, &c., &c., to which is added *A Key*, containing the Prescriptions in an unabbreviated form, with a literal translation, intended for the use of Medical and Pharmaceutical Students. By JONATHAN PEREIRA, M. D., F. R. S. Second American from the 12th London Edit. Philadelphia: LINDSLAY & BLAKESTON, 1857.

The first edition of this work was published in 1824, and therefore has been before the public for over thirty years. That the twelfth edition has been required, speaks of the popularity of the book. The name of Pereira as its author is a sufficient guarantee of its value.

INTRODUCTORY ADDRESS, delivered before the St. Louis Medical College, by M. M. PALLEN, M. D., November 1, 1856. St. Louis, Mo., 1856.

This interesting address by Dr. Pallen treats of the subject of "utilitarianism," in which the author shows "the insatiability of the human mind." It is a well written paper and must have been of great interest to the learned author's hearers.

MORTALITY OF CHICAGO—STATISTICS FOR THE PAST YEAR.—From the records at the City Sexton's office, we have compiled the following information relative to the mortality of Chicago, for the year 1856. The records are very incomplete in their details, which is much to be regretted.

The mortality for December was:

South Division,	54
West Division,	35
North Division,	33
Total,	122

The following were the causes of death: Appoplexy, 1; Accident, 4; Consumption, 28; Congestion of Bowels, 6; Convulsions, 5; Congestion of Brain, 4; Croup, 6; Childbed, 2; Drowned, 2; Dysentery, 15; Dropsy, 1; Hemorrhage of Lungs, 1; Intermittent Fever, 1; Intemperance, 3; Inflammation of Lungs, 3; Killed, 1; Marasmus, 1; Measels, 5; Old Age, 2; Still born, 2; Scarlet Fever, 4; Suicide, 1; Scrofula, 1; Teething, 11; Typhoid Fever, 5; Ulcerated Bowels, 1; Unknown, 5; Whooping Cough, 1. Total, 122.

The nativities of those who died in December, were: United States, 64; Ireland, 15; Germany, 11; England, 3; Canada, 1; other countries, 3; not stated, 25. Total, 122.

The ages of those who died in December, were: Under 1 year, 27; 1 year and not over 5 years, 29; over 5 years and not over 10 years, 2; over 10 years and not over 20 years, 4; over 20 years and not over 30 years, 22; over 30 years and not over 40 years, 16; over 40 years and not over 70 years, 9; aged 84 years, 2; not stated, 11. Total, 122.

The following table exhibits the number of deaths in the different months of 1856:

	South Div.	West Div.	North Div.	Not stated.	Total.
January	41	27	26	16	110
February	38	33	22	10	103
March	24	24	28	16	92
April	43	24	41	—	108
May	61	38	35	—	134
June	55	39	27	—	121
July	115	78	73	—	266
August	160	114	68	52	394
September	95	76	50	3	224
October	71	39	37	—	147
November	52	34	43	—	129
December	54	35	33	—	122
Total	809	560	484	97	1950

The following are the causes of the deaths in 1856: Asthma, 1; Teething, 170; Inflammation, 123; Colic, 4; Dropsy, 18; Brain Disease, 29; Consumption, 180; Small Pox, 13; Accidents, 122; Convulsions, 42; Croup, 29; Still born, 50; Throat Disease, 1; Dysentery, 349; Whooping Cough, 11; Typhoid Fever, 91; Old Age, 16; Neuralgia, 1; Liver Complaint, 7; Fits, 3; Appoplexy, 8; Congestion, 28; Ulceration, 4; Scarlet Fever, 15; Disease of the

Kidneys. 4; Abcess of Lungs, 1; Debility, 4; Killed, 5; Fever, 11; Heart Disease, 7; Child Birth, 14; Lung Fever, 2; Scrofula, 7; Bilious Fever, 13; Cancer, 4; Intemperance, 11; Sun Stroke, 3; Rupture in Lungs, 1; Hemorrhage, 5; Fever and Ague, 4; Worms, 4; Spinal Disease, 1; Cholera Infantum. 20; Mumps, 1; Rheumatism, 1; Bronchitis, 3; Measels, 17; Marasmus. 4; Suicides. 7; Cholera Morbus, 3; Disease of Bladder, 1; Jaundice, 4; Paralysis, 1; Gall Fever, 1; Pleurisy, 1; Erysipelas, 1; Hernia, 1; Uterine Hemorrhage, 1; Gravel, 1; not stated, 293. Total, 1950.

The nativities of those who died in 1856 were: United States, 998; Ireland, 194; Germany, 94; England, 22; Canada, 2; other countries, 42; not stated, 598. Total, 1950. The greater portion of those whose nativity does not appear on the record, were foreigners.

The following is a classification of the ages of those who died in 1856: Under 5 years, 500; over 5 years and not over 10 years, 144; over 10 years and not over 20 years, 62; over 20 years and not over 30 years, 273; over 30 years and not over 40 years, 133; over 40 years and not over 50 years, 51; over 50 years and not over 60 years, 27; over 60 years and not over 70 years, 19; over 70 years and not over 80 years, 14; aged 84 years, 2; not stated, 360. Total, 1950. Of the number whose ages are not stated, 50 were still born, and a very large portion of the balance were under 5 years of age.

The following table exhibits the mortality of Chicago for a series of years:

	Deaths.	Population.
1847	520	16,859
1848	560	20,035
1849	1,519	23,047
1850	1,335	28,269
1851	836	32,098
1852	1,649	38,733
1853	1,206	60,652
1854	3,829	65,872
1855	1,970	83,509
1856	1,950	110,000

The following table exhibits the mortality of Chicago and also its population for a series of years:

MONTHS.	1850.	1851.	1852.	1853.	1854.	1855.	1856.
January	60	30	48	38	112	123	110
February	57	29	48	68	101	103	103
March	53	38	42	81	95	123	92
April	50	35	63	59	103	105	108
May	43	45	70	73	147	90	134
June	27	35	91	82	331	87	121
July	240	67	179	111	935	236	266
August	466	237	458	152	731	448	394
September	174	175	300	191	561	310	224
October	70	49	194	114	403	146	147
November	46	45	86	96	200	95	129
December	49	54	75	121	103	104	122
Total	1335	836	1649	1206	3829	1970	1950

It will be noticed that the number of deaths in 1855 exceed those in 1856 by *twenty*, while the population of the city is over 25,000 more in 1856 than it was in 1855.

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ORIGINAL COMMUNICATIONS.

ARTICLE I.

Yellow Fever on Governor's Island, New York Harbor, during the Summer and Fall of 1856.

BY L. GUILD, ASSISTANT SURGEON U. S. ARMY.

Yellow fever, so long the scourge of the tropics, has, for the last few years, been steadily and progressively encroaching upon the temperate regions of our country. Although it has manifested itself in years past, in our Northern cities yet its visitations had been so few and far between, that the North were lulled into a sense of security from its ravages; and many, even after its victims had numbered hundreds—aye, thousands—still hesitated to give their own consent that the destroyer was in their midst. So fixed, indeed, had the disease become in the Southern or tropical climates, that many of the profession at the North scouted the idea that it could leave its accustomed haunts and seek a new field for its operations of death and desolation, amongst the hitherto salubrious towns of the North. But alas! the bereaved city of Norfolk is still shrouded in mourning, and this vicinage will long bear painful evidence that the deadly visitor has stalked abroad in uncontrolled license! Its visitations to the North, rare and unexpected as they have been, attach to the disease a new interest and afford a more extended opportunity for the profession to search for its causes, to study its nature, and from

practical observation to adopt those means, if possible, to stay its unrelenting and devastating career. No single complaint in the whole catalogue of diseases has commanded so much attention from the profession of the United States; and although the combined efforts of the ablest, the most experienced, and the most eminent of its members have accomplished but little comparatively, towards averting its evils, yet none, however obscure or humble they may be, should be deterred from giving their assistance to a work so fraught with good to the human race. And if all, whose misfortune it is to witness its ravages, would contribute their share to the accomplishment of this much desired object, then might we hope for its attainment, if it be within the compass of man. With the view, then, of contributing my small mite for the benefit of my profession, or that of the human family at large, I waive all scruples of modesty or of conscious incompetency, and adopt this method of arranging, in some tangible form, a few facts of a practical nature which have fallen under my observation during the prevalence of the epidemic, as it appeared on this island.

Early in the month of September, I was ordered to report for duty at Fort Columbus, Governor's Island, and on the fifth of that month I assumed the duties pertaining to the medical officer of this military station. At this time yellow fever was prevailing at Fort Hamilton, at Brooklyn and its environs and at Governor's Island.* The cases which I found on my arrival here, represented the disease in all its phases—from the very first stage to that of death or convalescence. From this time new cases continued to occur until the accession of cool weather, the last two cases of the disease making their appearance on the ninth day of October. As the epidemic made its appearance previous to my arrival, I will have to rely, for my information of the early part of the epidemic, upon the hospital register and prescription books, which contain a simple record of the names of patients, dates of attack, deaths or recoveries, and remedies used in their cases, without any comment whatever.

As the disease was almost exclusively confined to certain localities —very much restricted in limits—it is proper for a full understanding of the circumstances attending its prevalence, that I should give briefly the topographical and meteorological conditions of the island

* Assistant Surgeons Swift, Abbott and Vollum, U. S. Army, preceded me in my duties here, the two latter of whom I relieved. Assistant Surgeon Abbott suffered with an attack of the disease, being the only officer at the post who was attacked. In the early part of the epidemic, these medical officers labored with unremitting zeal in the discharge of their important responsibilities, and it is to be regretted that they did not leave behind them some detailed account of their valuable labors.

during the epidemic. Governor's Island—in latitude 40° 42′, longitude 74° 9′—is situated in New York Harbor at the junction of North and East Rivers with the bay, and is about 22 feet above low water mark. The City of Brooklyn encircles almost half of the island, and lies in an Easterly, South-Easterly and Southerly direction, separated by an arm of the bay, measuring in its narrowest part not more than one quarter of a mile, and in its widest about one half of a mile. To the North of the island is the City of New York, about one mile distant. Six or seven miles distant in a South-South-Westerly direction are situated Fort Hamilton and the Quarantine Grounds. The island is almost circular in form, about one mile in circumference, and consists of alluvial soil. The soil is very fertile, and the growth of vegetables and grass is abundant and luxuriant. Fort Columbus, the main fortification on the island, is placed upon the Northern side, about two hundred feet from the water's edge, and from this Fort in every direction to the water there is a regular artificial slope, affording so perfect a drainage that pools of stagnant water are never known upon any portion of the island. The main work communicates, by a covered way, with Castle Williams, which stands boldly out upon the extreme North-Western point of the island, and the base of which is washed by the waves of the bay. These two works have spacious quarters for the men, and are garrisoned by a large majority of the troops stationed here. On the Southern portion of the island is located another fortification of smaller dimensions, known as South Battery and occupied by the music boys, numbering about seventy, and by one or two soldier's families. Near the South Battery and to its East, stands the hospital, and in close proximity to the hospital is a row of old dilapidated frame tenements occupied by soldier's families and familiarly known as "rotten row." South Battery, the hospital and "rotten row" are located near the water, occupying the nearest position to the City of Brooklyn and the most exposed of any other portion of the island to the South-Easterly, Southerly and South-Westerly winds. From this position we have an extensive and uninterrupted view of the bay to the South, in the direction of the quarantine, Fort Hamilton and the South-Western portion of the City of Brooklyn; and no objects intervene to obstruct the Southerly and South-Westerly winds.

The subjoined abstract from the meteorological register of this hospital will show the climatic condition of the island during the months of July, August, September and October 1856, contrasted with that of the corresponding months of 1855.

Abstract of the Meteorological Register at Fort Columbus, New York Harbor, for the Months of July, August, September and October 1856.

DATE.	MONTHLY MEAN OF THERMOMETER.			MONTHLY MEAN OF BAROMETER.			SUMMARY OF WINDS, NUMBER OF OBSERVATIONS, &c.								NO. OF DAYS FAIR.	NO. OF DAYS CLOUD.	NO. OF DAYS RAIN.	QUANT. OF RAIN.
1856	7 A. M.	2 P. M.	9 P. M.	7 A. M.	2 P. M.	9 P. M.	N.	N. E.	E.	S. E.	S.	S. W.	W.	N. W.				INCHES.
July	71.77	85.19	74.58	30.115	30.108	30.191	3	7	3	9	6	37	6	22	22.00	9.00	8	2.50
August	69.12	76.67	69.45	30.021	30.044	30.035	5	2	3	14	4	18	11	36	16.33	14.66	9	7.60
September	62.56	72.36	65.06	30.199	30.208	30.218	3	16	1	19	13	27	4	7	16.33	13.66	7	4.00
October	49.30	60.39	51.51	30.279	30.240	30.270	5	19	2	7	2	18	12	28	15.66	15.33	8	1.70

Abstract of the Meteorological Register at Fort Columbus, New York Harbor, for the Months of July, August, September and October 1855.

DATE,	MONTHLY MEAN OF THERMOMETER.				MONTHLY MEAN OF BAROMETER.				SUMMARY OF WINDS.								NO. OF DAYS FAIR.	NO. OF DAYS CLOUD.	NO. OF DAYS RAIN.	QUANT. OF RAIN.
1855	SUNR.	9 A. M.	3 P. M.	9 P. M.	SUNR.	9 A. M.	3 P. M.	9 P. M.	N.	N. E.	E.	S. E.	S.	S. W.	W.	N. W.				INCHES.
July	70.25	74.77	80.90	72.25	30.194	30.237	30.193	30.196	5	23	8	17	2	44	12	13	11.50	19.50	17	6.00
August	66.23	70.58	75.13	69.84	.....	.....	.....	.....	10	26	12	17	5	28	5	21	16.50	14.50	10	2.55
September	60.05	65.09	71.16	69.15	.....	.....	.....	.....	3	30	6	6	2	34	13	26	17.50	12.50	8	1.30
		7 A. M.	2 P. M.	9 P. M.		7 A. M.	2 P. M.	9 P. M.												
October	.....	50.07	58.02	53.19	.....	30.028	29.977	30.103	3	7	3	7	3	25	14	31	16.33	14.66	9	5.50

The 18th day of July, as indicated by the thermometer at this post, was the hottest day of the year. The daily mean temperature of that day was 85° 66′, the thermometer standing at 95° at 2 o'clock P. M., and at 81° at the hours of 7 A. M. and 9 P. M. respectively. But this high degree of temperature did not continue. On the five days immediately following, the thermometer ranged from 77° to 85° at 2 o'clock P. M., and the daily mean temperature from 73° 33′ to 76° 66′. However from the 24th day to the 28th inclusive the thermometer ranged from 93° to 95° at 2 o'clock, and the daily mean from 82° 33′ to 85°; and it was on the 29th day of the month that the first case of yellow fever occurred. The patient was a young woman, aged eighteen, who resided in Rotten Row and, just previous to her attack, had returned from a visit to Fort Hamilton. She died of black vomit on the 2d of August. On the 1st of August three other cases occurred, one in Rotten Row and two from South Battery; and in these two places the disease fixed its abode, as it were, almost exclusively, and continued until the number of cases amounted to sixty-three, fifteen of whom died—a mortality of 1 in 4.2. Very few cases occurred on other parts of the island, besides South Battery and Rotten Row, and those that did thus occur, were, in almost every instance, in persons who were in the habit of visiting Rotten Row.

In South Battery the disease continued its ravages until early in September, when the occupants were removed to quarters in another portion of the island, only two cases occurring among them after their removal. In Rotten Row it lingered until checked by cool weather, on the 9th of October. From the 1st to the 17th day of August, the daily mean temperature ranged from 70° 33′ to 78° 33′, every day but one showing a daily mean temperature of over 70°, the third day of the month being the hottest day. For the fourteen remaining days of this month, the thermometer on three days only, indicated a mean temperature exceeding 70°. During the month of September, only six days showed a daily mean temperature exceeding 70°, and those days were the 7th, 8th, 9th, 11th, 12th and 21st. In October the daily mean temperature never exceeded 64°, and from the 1st to the 9th, on the latter of which days the last cases of the disease occurred, the mean temperature ranged from 51° to 64°.

By comparing the temperature during the months in which the fever prevailed, with that of the corresponding months of last year, I have found the difference so small that we may not be justified in attributing to it much, if any influence upon the production or diffusion of the disease.

As much influence has been attached by some authors to the barometrical condition of the atmosphere during the prevalence of epidemic diseases, it may not be improper for me to examine more fully into the changes that took place on this island during the yellow fever, and to ascertain, if possible, whether such changes in the pressure of the atmosphere bore any relation to the production of the disease. The maximum pressure of the atmosphere during the month of July was 30.290 inches, on the 24th day of the month; the minimum was 29.830, on the 12th, giving a range of pressure of .460 of an inch for that month. In August the maximum was 30.390, on the 27th; minimum 29.540, on the 20th, the range of pressure being .850 of an inch. In September the maximum was 30.480, on the 3d of the month; the minimum 29.760, on the 18th, giving a range of pressure of .720 of an inch for the month. In October the maximum was 30.630, on the 26th; the minimum 29, on the 15th of the month, the range of pressure being 1.630 inches. The barometrical observations for the months of August and September 1855 are incomplete, and a comparison of the atmospheric pressure for the months of July and October of that year only can be made with the observations of the corresponding months of 1856. The maximum pressure for July 1855 was 30.44, on the 9th of the month; the minimum was 30, on the 28th, range .440. In October 1855 the maximum was 30.950, on the 18th of the month; minimum 29.000, on the 24th, range of pressure being 1.950 inches. Thus, by comparing the maximum and minimum atmospheric pressure of the same months of different years, we find the difference in maximum pressure to be for July .150, for October .320; in the minimum pressure to be for July .170, for October 0; and the difference of range in the two years to be for July .20 and for October .320. By this comparison, although not extended into a series of years as might be wished, we discover the difference in the barometrical conditions of the atmosphere in a healthy and in a sickly year to be so small, that it is exceedingly difficult to ascribe to it any agency whatever.

Atmospheric humidity has deservedly received important consideration as an etiological agent. It is undoubtedly not only an active agent in developing the efficient cause of disease, but its effects upon the human system greatly enhance the susceptibility to morbid impressions. To the winds also has been ascribed great agency in epidemic diseases, and they certainly are most potent means of disseminating the "materies morbi," whose subtle and aeriform particles, we are led to believe in many instances, are capable of being wafted from

one locality to another. It is important, then, that we should examine more fully into the prevalence of the particular winds and into the hygrometrical and hyetal conditions that obtained here during the disease.

The greatest humidity in July was shown to be on the 20th day of that month, when the thermometer and hygrometer indicated the same degrees, namely 73° 66′, the wind blowing a gentle breeze from the N. W. during the whole day. After the 20th, however, the wind changed to the S. W. and remained almost continuously from that direction until the last day of the month, when it shifted to N. and N. E. For about fourteen days preceding the 29th day of the month and during the highest continuous temperature of the season, we had no rain at all, the wind keeping almost steadily from the S. W. On the morning of the 29th, however, it commenced raining slightly and continued at intervals until the afternoon; and during the night of that date a very severe thunder storm occurred, unaccompanied by rain. For every day of the month, except the 20th, the difference of the daily mean of the thermometrical and hygrometrical observations varied from about ½ of a degree to 3°. August was the rainiest of the four months, during which the disease prevailed. The prevailing winds were N. W., yet the winds from the S., the S. E. and S. W. often blew and remained from these Southerly directions for several days consecutively. The difference in the thermometer and hygrometer for this month varied from about ½ of a degree to 3°, except on the 26th day, when the daily mean of the two sets of observations was found to be respectively 60° 33′. In September the daily mean of the hygrometrical observations shows that the atmosphere for eleven days of the month was completely saturated with moisture; and on eight of these eleven days the hygrometer indicated not only no evaporation from the floss silk surrounding its bulb, but showed a higher temperature than the thermometer itself. The winds during the month prevailed from the S., S. E. and S. W., for twenty days out of the thirty. For the first ten days of October the hygrometer ranged daily from about ½ of a degree to 1° below the temperature indicated by the thermometer; and the prevailing winds were from the Northerly directions.

A comparison of these atmospheric changes during the prevalence of the epidemic with those of the corresponding period of the preceding year, when the health of the island was unprecedently good, cannot unfortunately be fully instituted, on account of the barometrical and hygrometrical observations of 1855 being incomplete, and the

present system of meteorological observations having been but recently adopted by the Medical Department of the Army. It is to be hoped, however, that the observations of this year may yet be contrasted with those of succeeding years; and if any agency in the propagation of the late epidemic can possibly be connected with atmospheric conditions and vicissitudes, as they presented themselves during its prevalence, the foregoing facts may not be without their value, either in exposing error or developing truth. If any conclusion can be drawn from the foregoing summary of meteorological observations, we may, in my opinion, very justly decide that the condition of the atmosphere could not have exerted any very great agency upon the causation, whatever might have been its influence upon the dissemination of the disease.

The etiology of yellow fever has created much discussion, and in every locality or section of the world where the disease has prevailed, it has attracted the attention of the profession and given rise to the greatest variety of opinion. During the late epidemic many believed that it had a local origin, but the majority attributed its origin and dissemination to the ships that arrived here from foreign ports, with the disease on board. This difference of opinion I cannot profess to determine, as my observations were confined to Governor's Island. However, with regard to its existence in this garrison, there is satisfactory evidence of its not having been generated on the island, but that its origin was in our vicinity, either on shipboard or on land, and that its causes, whatever they are, being thus eliminated in our neighborhood, were wafted to us by the winds. Facts derived from the observations of simple phenomena, have induced me to form this opinion. However, before considering these facts, it may be proper to notice the police of this post during the epidemic, and to examine the circumstances connected with a belief, which was entertained by some, that articles of bedding thrown overboard from the quarantine ships floated to the shores of the island and communicated the disease.

The want of cleanliness and the non-observance of strict police regulations, unquestionably exert great influence on the production, as well as on the promotion and the diffusion of disease; and in searching for the causes of yellow fever, particularly when it prevails in a military garrison, a consideration of the police of the post is of essential importance. Our military stations are generally kept in excellent police. It is the pride, as well as the duty of commanding officers to keep their posts in a cleanly condition, Yet I have never seen so perfect a system of police instituted at any military station as on

Governor's Island. The commanding officer, Major Backus, seemed peculiarly fitted for his responsible position. His long military service, of over thirty years, and his intimacy with the yellow fever at Vera Cruz during the Mexican War, have rendered him familiar with the requirements necessary to the health and comfort of his command, particularly during such an epidemic as we have just passed through. The only locality within the limits of this post, at all suspicious of having given rise to the disease *ab initio*, is that excrescence of the island—Rotten Row. It is an old wooden shell of a building, with many inmates, and affords more filth than all the rest of the island besides; but the fact of the disease having prevailed among the occupants of one side of the building, to the perfect exclusion of its occupants on the other side, is full of significance and entirely dismisses from my mind the idea that the epidemic could have had a local origin in Rotten Row. The building is of an oblong, rectangular shape, divided in its longitudinal diameter by a thin board partition, and on each side of this partition are rooms, the doors and windows of which on one side front to the S. S. W., and those of the other to the N. N. E. The inhabitants of the side opening to the S. S. W. suffered most severely, scarcely one escaping an attack, whilst those of the N. N. E. side enjoyed the most perfect immunity. The habits and occupations of these individuals were the same, and if the disease had originated in Rotten Row, they should, most assuredly, have been equally liable to an attack.

It was entertained by many, that articles, such as mattresses, straw, old clothing, &c., which were thrown overboard from the infected ships lying in quarantine, and which drifted to the shores of Governor's Island, were the means of importation of the disease. This opinion gained much plausibility in the minds of many, as it was known that the drummer boys from South Battery, after bathing on the beach, were in the habit of standing or sitting upon these old mattresses for the purpose of dressing themselves. Such a belief, however, can only be predicated upon the assumption that the disease is most decidedly of a contagious nature. If we believe that the articles of bedding from the infected ships at the Quarantine Ground could drift so many miles with the tide, and spread disease on shore wherever they touched, then must the contagion be of the most potent character, and scarcely a single individual on Governor's Island could possibly have enjoyed an immunity from the infection; for the articles not only drifted to the South side of the island, but lodged upon almost every portion of its shores. The length of time required for these articles to drift

from the ships in quarantine to the island, with the ebb and flow of the tide, when we take into consideration the distance between the two places and the velocity with which the tide flows, necessarily implies a long exposure of these articles to air—sufficiently long at all events, in my opinion, to dissipate the effluvia or miasma that was supposed to have been hidden in their meshes. Again, if articles of bedding or clothing from the quarantine could have imparted the disease to the occupants of South Battery, why did the disease cease among them as soon as they were removed to another portion of the island? They had the disease amongst them, why did they not carry it with them to their new quarters?

The mattresses and other articles which drifted to the island and which were alledged to have propagated the disease, were collected and burned by the police parties of the garrison, who were quartered in Fort Columbus and Castle Williams, and who escaped the disease. The police parties handled and otherwise came in contact with these articles—why did they not contract the disease as well as the drummer boys? Furthermore, the first case of the disease which occurred here, was not at South Battery, but in Rotten Row, and the patient had never been exposed to the cause which was imagined to have arisen from the articles that had drifted from quarantine.

These facts carry with them conclusive evidence to my mind that the bedding, straw, clothing, &c., which drifted to the island, had no connection whatever with the existence of the epidemic.

I think I have shown that there was nothing on Governor's Island that could have given origin to the disease, and if we assent to the old proverb, "*ex nihilo nihil fit*," then must we search elsewhere for its causes. All agree that yellow fever can be generated on board of vessels. Whether the morbific agency depend upon the decomposing timbers, the bilge water, the putrefying cargo, or what not, still the fact is beyond a doubt that the disease can be so produced. The first case that occurred in this barbor last summer, was on board of a vessel, and not only did one vessel arrive in this port with the disease on board, but several, and they were all collected and placed in quarantine, whence, in my opinion, the disease was disseminated throughout the different places along the bay, that were not protected from the winds that swept over this congregation of infected ships, filling the air with their pestilence. The facts that substantiate this opinion are, that the epidemic broke out simultaneously in different localities on shore, after the ships had been placed in quarantine, and after the process of unloading and cleaning them had been commenced;

that the disease was confined to the Southern portion of Governor's Island, and to those habitations which were openly exposed to the winds from the quarantine; that the intervention of thin board partitions, trees, shrubbery and elevated portions of the ground, which served to shut off these winds, gave to individuals so protected an immunity, and that the removal of the inmates of South Battery to a place, where they were protected from these winds, checked the ravages of the disease among them.

I believe yellow fever to be of the same family of disease as ordinary remittent fever, yet not the same or an aggravated form of the same disease. They are both of malarial origin, generated by the decomposition of organic matter, alike communicable to individuals only by their being exposed to the morbific elements as they arise from the prime source of the disease, and incapable of being communicated by simple contact with the patient suffering with the disease, or with the effluvia arising from his body, or from his clothing. The density of the atmosphere, its humidity and its temperature have in the two diseases an agency in their diffusion and in promoting a susceptibility of the human system to their attacks, without exerting any influence whatever in their production, except in assisting in organic decomposition, from which process springs the "materies morbi." These doctrinal points of resemblance between the two diseases are not more striking and are of far less importance, than their practical relationship. In their earliest symptoms the differential diagnosis of the two complaints is by no means clear. As a general thing, the patient has the same feeling of malaise, a sense of weariness, headache, pain and aching in the limbs and back, and the fever is usually ushered in by a chill or sense of chilliness. In yellow fever districts, where we are expecting the disease, the practitioner may never be embarrassed in forming his diagnosis; but in other places, where the disease is seldom known, much discussion has arisen and will ever arise in fixing upon a line of demarcation in the earliest stages or in the beginning of an epidemic. The ability to diagnosticate the two diseases is rendered particularly embarrassing, and the responsibility which rests upon the physician, of pronouncing an unequivocal opinion as to the true nature of the disease, becomes incalculably great when the commercial interests of large towns and cities are to be jeopardized, or, more than all, when the sick are to be abandoned to their sad fate by their panic striken friends and acquaintances. Yet to the physician, in a practical sense, this difficult diagnosis is of little consequence, if his remedies are applied promptly

and energetically; for the two diseases, in my opinion, in their early stages are amenable to the same remedies, varying only in the promptness of their application, and according to the nature of the case. Cases often occur, when the patient is suddenly striken down, stunned and senseless, as with a blow from a heavy weight. Several such cases occurred in my practice here during the recent epidemic; yet the same alarming and sudden seizure is not at all rare in the bilious remittent or congestive remittent fevers in the highly malarious districts of our Southern States. One patient thus attacked and brought to my hospital, was supposed to be drunk by his comrades who carried him; and the appearance of the man was indeed sufficient to warrant, in the eyes of the inexperienced, the opinion that he was a more fit subject for the guard-house, than the hospital.

Among the principal symptoms which distinguish the two diseases, may be mentioned the intense pain in the frontal and orbital regions, the peculiar red, watery and brilliant appearance, or a dull, drunken aspect of the eyes, the peculiar odor emitted from the patient, (justly considered, in some instances, as pathognomonic,) and the condition of the tongue. In bilious remittent fever the tongue is furred in its earliest stages, and in very many cases is colored yellow on the very first visit of the physician. In yellow fever the tongue may be, and most generally is, not furred at all. Indeed, I do not believe that I have ever seen a thickly furred tongue in the beginning of an attack. It may be contracted and pointed, with fiery red edges and apex, particularly in severe cases, or it may be large, white and tremulous. When the latter condition of the tongue exists, (that is when it is large, white and tremulous,) the cases in my hospital always assumed an adynamic form and required stimulants and nervines in the early treatment: whereas, the red pointed tongue indicated cases of a sthenic character and called for prompt and heroic measures in the earliest stages. However, as I before remarked, a very critical and exact diagnosis between yellow fever and bilious remittent fever is not, in my opinion, very essential to the proper treatment.

The treatment which I adopted, and which I have every reason to believe the most satisfactory was, as soon as a patient reported ill of the fever, to apply cups to the cervical spine and epigastrium, (for in every case there was more or less burning sensation of the stomach with nausea and vomiting,) and as soon as convenient to cover the cupped surfaces with blisters. General blood-letting I never practiced, nor did I conceive it necessary in a single case; topical bleeding, by its counter-irritant and depletive action, was found necessary

in equalizing the temperature and circulation. Immediately after the application of cups and blisters, and when practicable, mustard pedeluviæ, I administered 20 grs. of the mild Chloride of Mercury and 20 grs. of the Sulphate of Quinia in combination, which was to be repeated every two, three or four hours, according to the urgency of the symptoms and until free evacuations from the bowels were obtained. This combination of Calomel and Quinia is to be followed by Oleum Ricini or Sulphate of Magnesia. The oil, if tolerated by the stomach, was probably in most instances more certain in its action; yet the Sulphate of Magnesia possessed an advantage in being more easily retained, and sometimes even appeared to produce the desired effect, when the oil failed. In a few cases, however, both of these latter proved unavailing, when the Oleum Tiglii was resorted to, and even then occasionally enemata of Chloride of Sodium had to be given, before a satisfactory condition of the bowels could be established. With regard to this particular, however, there was no uniformity. Oftentimes the combination of Calomel and Quinia required no assistance from any other cathartic to produce free and satisfactory purgation. The simple act of combining the two medicines imparted to them an additional efficiency, verifying a well established rule in therapeutics—that, by combining certain medicines, a power of action is attained which they do not possess when administered singly and without such combination. But should irritability of the stomach continue to such an extent, that the medicines be rejected, the Calomel alone, in 20 or 30 gr. doses, and large enemata of the solution of Chloride of Sodium were administered and perseveringly repeated, until the stomach became quiet and retained the mixture of Calomel and Quinia. After frequent and copious purgation, and after three or four doses of the Calomel and Quinia had been retained, the Calomel was omitted temporarily, and the Quinia alone was continued until the peculiarly intense pain of the head was changed into a dull pain, wholly unlike the first, and accompanied with a buzzing or ringing sensation. This modified condition of the head symptoms invariably afforded great relief to the patient's suffering, and gave assurance to the physician that the Sulphate of Quinia was exerting its constitutional effects, and that the nervous tissue was responding to its curative influence. When this effect of the Quinia was accomplished, its doses were diminished, but continued in sufficient quantities to keep up the quininism. If the Quinia be discontinued altogether, there is great danger of reaction or, in other words, the disease will resume its terror, and in the third or last stage no remedies probably can reinstate our patient on vantage ground.

Early in the disease, symptoms of mental anxiety, restlessness and nervous irritability prominently presented themselves in many cases. These were treated by adding ¼ of a grain of Sulphate of Morphia to the combination of Calomel and Quinia, or by giving Camphor Julep and Liquor Ammoniæ Acetatis. There were other auxiliary remedies in the early stages, which I must not omit to mention, and which, to say the least, contributed much to the comfort of the patient. These were, sponging the whole surface with cool or tepid water, as was most agreeable to the patient; small lumps of ice taken into the stomach, and drinks of iced lemonade. When yellowness of the skin made its appearance early in the disease, an increased quantity of the Calomel was always, in my opinion, indicated. It tended to restore the biliary secretion, to quiet gastric irritability and to control and subdue the inflammatory action of the mucous coat of the stomach and upper intestines. The Sulphate of Quinia was not, probably, of such essential service as in those cases when yellowness did not present itself among the earlier symptoms; yet, as a general rule throughout the disease in almost every stage, I did not deem it safe to set aside altogether the two great remedial agents Calomel and Quinia, either in combination or separately. Very often I found it necessary to discontinue both of them temporarily; but I did so with the full consciousness that their valuable services were liable at any hour to be called again into requisition before the recovery of my patient. Those cases which, when first seen by the physician, are characterized by much yellowness of the skin, conjunctiva, &c., have, in my opinion, been neglected or improperly treated in the accession of the disease. Such cases are less susceptible to the effects of the remedies above enumerated, and after the administration of Calomel and Quinia in large doses and enemata, if beneficial influences are not speedily perceived, I am most decidedly partial to the expectant method of treatment which the French and Spanish so highly extol, and which finds so much favor in the eyes of our own Creole population in the cities on the Gulf of Mexico. In such cases I have found that enemata, ptisans and the most assiduous nursing are the remedies most successful in assisting nature in her efforts to effect a cure.

Early in the disease, and particularly if the quininism has not been well established, the urinary secretion becomes seriously involved. Not a single case, which came under my observation, escaped the unpleasant, painful and often alarming urinary symptoms in a greater or less degree—proportionate, in my opinion, to the constitutional influence which had been obtained from the Sulphate of Quinia.

In some cases retention of urine existed for twelve hours and even longer. Many suffered from strangury. The discharge was often of a bloody character, or of a brownish, red or black color, and deposited in a very short time a thick ropy sediment; or it was of a light color, partially possessing, or entirely devoid of its healthy odor, and presenting whitish floculi or clots floating through it. The secretion always became more scanty than natural, and often produced intense suffering from ardor urinæ throughout the whole extent of the urethral canal. This disordered condition of the urinary organs was invariably accompanied with severe pain in the hypogastric region. The Nitrate of Potassa, dissolved in a decoction of Flax-seed, frequently repeated was highly beneficial in many cases; yet it did not afford that permanency of relief, or impart that impetus towards a healthy restoration of the urinary secretion which resulted from the administration of the Sulphate of Quinia. I found the Quinia a most powerful indirect diuretic, or, in other words, a potent restorative of the healthy renal functions. The nervous system, the common chain by which the relations of the vital properties are established, becoming interrupted, the whole machinery becomes deranged. And it was by addressing my remedies to the nervous system, the main spring of the man, that the other subordinate functions of the economy were controlled and healthy action established. It is thus that the Sulphate of Quinia acts in restoring the secretions, and I know of no remedy in the Materia Medica so aptly indicated and, when used judiciously, so beneficial in cases such as those in question.

Scarcely a case came under my observation that did not show a strong hemorrhagic tendency. In the earliest symptoms, hemorrhages frequently occurred, and sometimes continued throughout the attack. They took place from the nose, the gums, fauces, stomach, lungs, bowels and bladder, indeed, from all the mucous surfaces. The Tinctura Ferri Chloridi and the Plumbi Acetas were used to correct this symptom; but the value of these remedies appeared trifling in my hands, and the hemorrhagic symptoms deserved little attention, if the patient was well treated with Calomel and Quinia. When Quinia and Calomel singly or with their combinations and adjuvants have been freely and judiciously employed, and the patient is apparently relieved; when the severer symptoms have abated, the surface assumed a more natural temperature, the pulse soft, less frequent and natural, and the patient's condition promises well, the case may go on to recovery; but we must remember that this calm often preceeds death as well as a restoration to health. This period in the disease always

awakened in my mind the most painful anxiety. The question was, had my remedies succeeded in controlling the disease, or had the monster only relaxed its hold merely to regain strength to renew its attack with increased vigor? In this stage, the disease, instead of abating permanently, would often remit only for a few hours, and then multiply its horrors by presenting itself in the third or last stage, marked by extreme prostration, cessation of the capillary circulation, retarded or imperceptible impulse of the heart, hemorrhage, the appearance of petechiæ, clammy skin, black vomit, torpor and death. Before these most fearful symptoms occur, whether the case is to result favorably or not, the patient almost invariably expressed himself relieved and became importunate in his demands to leave his bed and walk about.

Another prominent symptom was restlessness—a desire to raise himself and place his head in that part of the bed where his feet ought to be, and a continued shifting of his position.

Delirium sometimes supervened; generally, however, confirmed stupor or lethargy was present, but sometimes the mind remained clear to the very last. In every fatal instance I observed that the patient invariably gave utterance to the most painful sighs, which to my ears were peculiar and belonged only to the death scene of a yellow fever patient. In that critical period of the disease when the fate of its victim is vibrating between life and death, it behooves the physician to watch and to labor assiduously and perseveringly by the bedside of his patient. Increased doses of the Quinia, with wine or brandy, ale and porter, are imperatively called for and must be freely used. Should the irritated stomach refuse them, they are to be administered by enemata. As vitality begins to wane, the blistered surfaces which should be kept open, if possible, throughout the treatment, in some cases become dry and crusted, and assume a black or dark brown appearance. And at this period coma usually supervenes, and occasionally we will find that no counter-irritant is capable of reviving the old blister or arousing the cutaneous surface into action. In this low stage Assistant Surgeon Vollum, U. S. A., informed me, that he derived great benefit from the use of Nitric Acid, being freely applied upon the cervical and dorsal spine. By this remedy, he believed, that he aroused the patient and also obtained its well known effects in promoting the biliary secretion. This remedy was suggested to Dr. Vollum by an officer of the line who had suffered from a severe attack of the disease, and attributed his recovery to this acid, having been applied, through mistake, as a *dressing* to a blistered surface.

One opportunity only presented itself for me to try the Nitric Acid, and I derived no advantage whatever from its use. I, however, believe it worthy of attention and would never hesitate to put it into practice in the low comatose condition which sometimes occurs in the closing scenes of an attack of yellow fever, where the symptoms would not respond to other counter-irritants.

When black vomit comes on, I have been led from my own experience to consider the patient moribund. Cases in my hospital recovered after ejecting from the stomach brown flocculent matter which precedes black vomit; but none escaped death after the matter ejected became purely black in its color. Cases of recovery after its occurrence are reported, and medical officers of the army of the highest professional standing and whose statement I do not doubt for one moment, have informed me that recoveries have taken place in their own practice; yet I have never seen one. However, we should not relax our efforts even after its appearance.

Yellow fever patients are peculiarly sensitive to the effects of currents of air, and require the greatest attention from their medical attendants and nurses in protecting them against such exposure. In the hottest weather a covering of blankets can not only be borne by them, but it is essentially necessary to their comfort. Free ventilation of the sick room is of the utmost importance, but the patient must be most studiously guarded against sudden chills from currents of air. Constant and careful nursing is absolutely required throughout the treatment, and in convalescence the most positive restrictions should be enjoined. Indiscretions in diet or exposure to fatigue, either mentally or physically, are alike injurious. The diet should be the most nutritious and at the same time the least offending to a stomach recovering from an inflamed condition. Chicken-broth, beef-tea, arrow root, soft boiled eggs, with ale, porter, wine or brandy, as is most agrecable to the patient, are the remedial agents during convalescence. Little or no medicine is required.

From the foregoing synopsis of the treatment of yellow fever it will be perceived that the mild Chloride of Mercury and Sulphate of Quinia were the only remedies upon which I relied implicitly. This plan of treatment is, I believe, now generally pursued by the profession, particularly by the Medical Officers of the Army, and has been fully and ably laid before the profession by Surgeon J. B. Porter, U. S. A. In my earliest military service I was associated with this medical officer, from whose long experience and practical knowledge of the disease I derived many useful hints, and to whom I

acknowledge my indebtedness in a great measure for the views I now entertain of the nature and treatment of the disease, as set forth in this brief summary.

If I have established the fact that yellow fever was communicated to Governor's Island from the quarantine, and that the morbific elements were wafted by the winds seven or eight miles, would it not become a question of the most vital importance to determine the extreme distance to which these elements of disease may be disseminated by the wind? It certainly is a question that should engage the studious attention of boards of health and of those members of the medical profession whose duty it is to regulate the quarantine enactments and to guard the public health against the pestiferous influences of infected ships that annually arrive in our cities on the seaboard.

GOVERNOR'S ISLAND, N. Y. HARBOR, December 24th, 1856.

ARTICLE II.

Empyema—Cardiac Disease.

BY WM. WARREN GREENE, M. D.

CASE I.—April 14th, 1845, was called to see Martha P——, aged 17, of nervous-sanguine temperament; is of healthy parentage, and previous to her present illness has enjoyed excellent health.

The parents gave the following history of the case:—Sometime in January of the preceding winter she received a blow upon the left side, just below the mamma. This was followed by considerable soreness and cough, which had never entirely left her, although she had been able to perform a moderate amount of labor until March 1st, when, after exposure to cold and wet, she was seized with "sharp pain" in the left side, "short breath," and "burning fever"; was treated by another practitioner for three weeks, who pronounced her convalescent and left her; since which time she had been under no treatment whatever. The parents, as they expressed it, having "been waiting for her to get well."

Present symptoms—Is wholly confined to the bed, and Decubitus dorsal; emaciated; pulse 150 per minute, small and sharp; tongue slightly furred; bowels constipated; urine scanty. For several days past has suffered every afternoon from "chills, followed by high fever;" aad for three days previous to the examination the "chills

were very severe." Respiration 40 per minute, and laborious; night sweats.

Left side of thorax measures two inches more than the right; intercostal spaces bulging; no motion in respiration.

Total absence of any respiratory sound except slight tubular respiration just beneath the clavicle; broncophony painfully distinct. The whole side perfectly flat on percussion; sounds of the heart not heard in their normal position, but are distinct, as is its impulse upon the right side. Puerile respiration in the right lung; diagnosis, sero-purulent effusion in the left pleural cavity.

Treatment.—From the length of time during which, in all probability, the lung had been thus crippled by the effusion; the now purulent character of the latter, as evinced by the rigors and hectic, and from the extreme debility of the patient, *paracentesis thoracis* seemed to be imperatively demanded; the friends, however, would not consent to the operation, and I was, therefore, obliged to rely upon less efficient means. These consisted of Diuretics and Hydragogue Cathartics as freely as the debilitated condition of the system would allow; (the Iodide of Potassium was borne in large doses,) large blisters frequently repeated; chalybeate tonics and a nutritious diet. Under this management a very rapid improvement took place.* A rapid diminution of the thoracic enlargement, dulness on percussion, and broncophony; ægophony taking the place of the latter in the superior portion of the cavity; the increase in volume and diminution in pitch of the tubular sound, the occurrence of mucuous and crepitant *rales;* these, subsequently, giving place to the natural respiratory murmur, the boundaries of which daily increased; all indicated absorption of the fluid, and expansion of the lung. In four weeks from the first visit, the hectic symptoms had almost wholly disappeared; appetite good. She was able to sit up several hours per day, and was gaining flesh; but although the superior two-thirds of the cavity appeared to be clear, yet at the lower third there was a degree of dulness on percussion, varying with the position of the patient, which, with the broncophony and absence of the respiratory murmur, and a slight hectic tendency, gave evidence that a portion of the fluid still remained.

Of this I informed the friends, explaining to them the nature of the collection and the probable result of the case, unless exit were given to the morbid matter. Still they would not consent to the "tapping."

* Daily records are omitted for the sake of brevity.

At last, however, leave was reluctantly given to introduce a *seton*, and I determined to invite nature's assistance in *having my own way*. Accordingly, instead of using a common seton needle for the operation, I substituted a curved bistoury, (introducing the silk with a probe,) endeavoring to carry the point of the knife as near as possible to the pleura, without puncturing it. At the next visit I was gratified to learn from the nurse that on starting the silk, 36 hours after insertion, a stream of greenish-yellow fluid, of a very offensive odor, issued freely from the wound, and that it had continued to discharge profusely, requiring a frequent change of compresses. Thus had *paracentesis* been performed, in a manner *to me*, at least, novel.

From this date (June 3d,) the improvement was very rapid. After a few days the discharge gradually lessened, and assumed a more healthy character, and in three weeks ceased altogether. The following memoranda, made July 4th, gives the result of an examination on that day:—No cough, pain or tenderness; weak, but able to be about the house and ride; appetite and digestion good, and realizes that she gains strength slowly. Sleeps well at night, resting on either side without inconvenience; side appears shrunken, the lower ribs having fallen together so as to obliterate the intercostal spaces; respiration in central and upper portion of lung natural; in lower portion feeble; no rales; heart apparently occupying almost precisely the mesial line. Sounds of right lung perfectly normal; seton now withdrawn.

Aug. 2d was again called to see her, and learned that two days previous she had seated herself in a current of cold air while perspiring freely. She very soon had a "chill," "sharp pain" in the left side and "began to cough."

All the symptoms of Hydrothorax were again present, upon which, treatment had very little effect, (an operation being still obstinately refused,) and to which the general strength rapidly succumbed. The right lung at this time gave no abnormal sound, except the puerile respiration, but in less than two weeks a less distinct respiratory murmur, prolonged expiration and slight dulness on percussion in the apex of this organ, gave notice of trouble, and thereafter all the symptoms and signs of tubercular deposit and softening were rapidly developed.

Nothing further occurred of especial interest until three days before her death, which took place Sept. 8th. On visiting her Sept. 5th I was informed that she had suffered much the night previous from cough and dyspnœa, but was much relieved early in the morning by

"vomiting a greenish offensive fluid," to the amount of a quart. When I was about to examine the side she requested to be turned a little to the right, which being done, she made a slight effort as if to vomit, when a large stream of fœtid pea-green liquid issued from the mouth, to the amount of three pints. So free and easy was its exit, that the expression of by-standers was, "it ran away." *There was no sense of strangling or suffocation.*

Upon now examining the affected side it was found much diminished in size, and instead of being perfectly *flat*, as before, was tympanitic anteriorly; dull laterally, and posteriorly, the patient lying on her back. On applying the ear, a clear *tinkling* sound was heard upon inspiration, (none upon expiration,) which, when she was turned partially to the left, gave place to a distinct *gurgle*, like that heard in blowing soap-bubbles. She complained of distress in this position, and on being turned to the right, a small amount of liquid was again discharged from the mouth. There was nothing of this kind *expectorated* in the *common acceptation of the term;* although it was *ex-pectore* as the *post-mortem* examination demonstrated. The expectoration was that of ordinary Phthisis. About a pint of liquid was ejected from the mouth two hours before death, which occurred on the 8th, as before stated.

Autopsy 24 hours *post-mortem*; thorax only examined; left pleural cavity contained a considerable portion of air, and between four and five pints of liquid identical in character with the *ante-mortem* discharge from the mouth. The costal pleura thickened, corrugated and bathed in pus. In the apex of the cavity a small carneous mass as large as a hens-egg, and extending downward from this, lying upon and adherent to the mediastinum, a membranous layer of friable tissue. In this a ragged opening through which the finger readily passed into the *bronchus*, thus explaining the "vomiting." From near the edge of this opening, a fibrous cord one-eighth of an inch in diamater, of firm consistence, passed directly across the cavity and attached to the parietes. The upper lobe of the right lung contained a large amount of yellow crude tubercle, and a very few gray miliary bodies,. One large *vomica* and several smaller ones existed in this lobe; lower lobe hepatized; heart entirely to right of mesial line, and fixed on its position by firm adhesions; about four ounces of straw colored fluid in the Pericardium.

Case II.—Abby K—— was brought to my office June 3d, 1855, for examination, which furnished the following record: Is four years old lacking a few days; her large head, light hair, clear skin and

pink cheeks and precocious intellect, together with a puffiness of the face, glandular swellings of the neck and rachitic curvature of the lower limbs, all indicate a strongly marked scrofulous diathesis; has always been a "feeble child;" *when a mere infant* had "strange turns," appearing in distress and sweating profusely. These have continued to follow her, and have increased in frequency for a year past. At these times she complains of no pain or local distress, but says, "oh how I feel." This lasts but a few minutes, and after a profuse perspiration she seems as well as before; is very excitable and exhibits a development of mental and moral faculties far beyond her years. Pulse 150 per minute, feeble and intermittent; tongue covered with a close white coat; appetite variable and capricious, bowels constipated; urine very variable in quantity and quality; some cough; resonance of chest natural, except an undue dullness over the præcordial region; slight mucous rales in the lungs; heart's action extremely violent and irregular, its impulse imparting a "lifting" sensation to the ear as it lies upon the chest.

Over the region of the aortic valve a loud "*bruit de souffle*," accompanying the first sound.

Diagnosis, disease of the sigmoid valves of the aorta with hypertrophy of the heart.

The child having previously been subjected to various kinds of treatment for "scrofula," "rickets," "weakness," &c., the parents, who were very intelligent people, were anxious for a definite and decided opinion, which I gave, explaining as clearly as possible my view of the case, advising them to hope for nothing from treatment but temporary relief. I name this because subsequently the case became the subject of much discussion and diversity of opinion among my professional brethren, who located the disease in the lungs, liver, kidneys, &c., *all* denying the existence or the *possibility* of the existence of chronic valvular disease in so young a child.

After a few weeks I lost sight of the patient, (her general health being at this time considerably improved,) and did not see her again till the next February, when I was called and found her suffering as much as before, except that the cardiac symptoms were much intensified; the heart acting with *excessive* violence, and instead of a "*bruit de souffle*," a *purring*, or rather *whirring*, sound attending the *systolic* contraction of the organ, which did not quite cease during its *diastole*. Lungs were now much congested.

From this time the various pulmonary, renal and gastro-intestinal

complications, dependent upon an embarrassed circulation, manifested themselves. The patient died June 15th, 1856.

Autopsy, (*which was well attended,*) 36 hours *post-mortem;* thorax only examined; lungs congested, otherwise healthy; pericardium contained *f.* ʒ. iij. of serum; no adhesions; aortic valves one-eighth of an inch in thickness, of *cartilaginous* consistence, and contracted so as to be incapable of closing the orifice. At the origin of the aorta and involving the first three inches of its extent, an *aneurism* as large as a *medium-sized orange.* Beyond this the *thoracic* aorta was healthy. Circumstances did not permit any further examination of the arterial system.

North Waterford, Maine, Dec. 23d, 1856.

ARTICLE III.

Galactirrhœa—its Treatment, etc.

BY J. W. BEECH, M. D.

Writers upon the peculiarities of the human female and her specific diseases, seem to have paid but little attention to the causes, effect and treatment of redundant lactiferous secretion. Although by no means a common deviation from health, its occasional occurrence, the grave results which accompany its march, or follow in its wake, and sparcity of authority in the current medical literature, afford sufficient excuse for our penning a few remarks upon the subject- Regretting that we have not at hand a more extensive collection of works, in which we should *expect* to find the disorder fully treated, we are aware that we hazzard much among the more favored, who may have elaborate and practical treatise at command. Professional duty has frequently required us to investigate its practical bearings, and, oral inquiries from some professional friend, encourage me in this communication. Excessive lactation may make its appearance in the latter months of pregnancy. If profuse, it seriously impairs the energy of the "*enciente,*" increasing itself from the want of exercise, and seclusion, to which young and sensitive females are apt to resort, in fear of the caustic tongue of gossip. Impassioned connubial fondling may be the exciting cause; and abstinence—a sufficient remedy. Even in this case, if the secretion has been copious for some weeks, it may require

medication, very similar to that applicable *post partum.* Venesection is frequently important, which we have not deemed requisite after delivery. Neither do we advise stimulating topical applications, as we shall propose in *passive* galactirrhœa, *post partum*, lest the uterus be sympathetically aroused to contraction. We have ventured to paint the upper half of each mamma with Tr. Iodine, once in 24 or 48 hours, with none but good effects. Antiphlogistic dietetic regimen, abundance of exercise in open air, mild hydragogue cathartics; "*et id omne genus*," are generally indicated at first, and in full habits. Later, tonics and astringents may be prescribed, some of which will be hereafter named.

After delivery, this difficulty seldom presents itself in a noticeable degree, until after the first week, or upon the cessation of the lochia. The grand panacea *mammarum*, of Prof. DEWEES — vinegar and water, at low temperature — is our first, and often only remedy. If the lochia have suddenly ceased, and there is inordinate arterial action, *venesection* would be safer than to run the risk of another metastasis of excitement. Brisk cathartics, tepid coxæluvia, stimulating pediluvia, fomentations to the abdomen, sinapisms to the lumbar and sacral regions, or to the inner sides of the thighs, naturally come to the mind as important adjuvants. Sinapisms should not remain on one place more than 20 or 30 minutes, but may be repeated three or four times a day. Restricted diet, and cold water or ice, to quench thirst, are equally important. When the patient "has gained her feet," the physical annoyance of wet and souring clothes, etc., may be sufficient to induce a call for the attention and advice of a physician, while all other functions are normal. The clothing over the breast should be arranged in the coolest and lightest possible manner, as much exercise by walking as can be endured, and one of the following pills may be taken before the morning and evening walk:

℞ Scillæ Mar. Pulv., grs. vj.
Antimonii Tartarizati, ij.
Syrup. qs. Fiant pil. No. xxiv.

By these means, other organs may be excited to the relief of the mamma, and when the necessity for their extra secretion has ceased, they will more readily correct themselves than those newly called into functional life. It is remarkable what an amount of rich, nutricious material will flow from the breasts of some wasted women, whose emaciated and weakened limbs can scarcely sustain their own weight, or hold the *infantissimus*, who preys upon their vitality. The actual demands of the offspring by no means limit the supply. Cloths, glasses,

sponges, and manipulation ("trayant") must be resorted to, for purposes of cleanliness and partial comfort; while constipation, anuresis, excessive thirst and epithelial lesions with their attendant evils, render life miserable and doubtful.

This *cause* of debility is often entirely overlooked, or the changes in the secretion mistaken for the effect, and much time and strength wasted in futile attempts to restore other functional derangements without restraining this, until in despair, the infant is weaned; when, if cachexia is not too far established, gradual reparation occurs.

We have mentioned changes in the lactiferous secretion, and it is not often that it continues of perfect quality, in galactirrhœa. The attenuated limbs, and *venter tumescens* of the recipiant prove it deficient in alimentary compounds. Casein, butter, and sugar, are not in proper proportion to each other, or to the serum. In the absence of positive analyses, we can only presume (and we think safely) that the lacteal fluid resembles that of pregnancy and menstruation; and which have been described with so much care and skill, by Dr. N. S. Davis, in his report to the "American Medical Association," upon changes in the composition of the milk of the human female, produced by menstruation and pregnancy, &c. Well directed efforts to guide fluid excrements to their proper outlets, at the same time restraining lactation, as suggested before, early in the attack, will often succeed to entire satisfaction.

In the treatment of a more obstinate case, according to the various derangements which may have resulted, nearly the ordinary "therapeia" are required; the varieties of which, it would be supererrogation to suggest. Care must be taken lest the mammae convert all to the use of the child. Cool applications, used steadily, so as not to produce shock, or encourage reaction; systematic counter-irritation, adroitly managed for revulsive effect; and diet apportioned in quantity and quality, to the existing physical, or pathological condition of the patient, and her lacteal secretion, are "*sine qua non.*" Exercise and mental diversion are not less important than for other valetudenarians, *Coitus interdiceretur.* The family physician should not see a mother loosing too much of her usual rotundity, without giving warning of the danger, investigating the cause; and advising proper hygienic regulations. The people seldom suspect the amount of mischief which may result from hyper-secretion, and are not aware of its amenability to control.

Gallic acid and decoction of Statice, have given us much satisfaction as internal remedies for specific action, before debility has become

marked. The latter is also one of the most valuable washes in *stomatatis nutrici*, which, as we have hinted, often results from galactirrhœa. In the passive forms of this affection, astringent, tonic, and gentle stimulants must be used with care to prevent constipation. *Acid. Sulph. Aromaticum*, or the acid saline solution cum quinia are most valuable remedies. Ferruginous preparations are frequently, but we think not always indicated. We were formerly partial to Tinct. Ferri. Muriatis, but it is more apt to meddle with other functions than Ferri. Sulphas. "Liquor Potass. Arsenitis," largely diluted with syrup or aqua destillata, has given us much satisfaction as an alterative tonic in inveterate cases.

When the stomach has become extremely irritable, cold infusion of gentian will generally be borne and produce tolerance of more active tonics, stimulants and food. Argent. Nitras, with Ext. Conii, in pills, and where acidity prevails, Heberden's prescription in commentary on "Linguae et Oris Dolor, are well adapted." ("R. Testae Ostr. ℥. ss., Rad. gentianæ gr. iv., Hiera. picr. gr. ss. morning and evening."

The food must be varied according to circumstances, but should not consist of many kinds compounded. Animal jelly, albumen and fibrine in the most available forms for feeble assimilative organs, with but little drink, and that cold. But few condiments will be borne. If the stomach will bear it, a small quantity of cream cheese will be better than butter. Topical applications, in the form under present consideration, may be of more stimulating kinds. Tr. Iodine, applied with C. hair pencil twice a day. Solution of Ammoniæ Murias, in diluted vinegar, or bay rum, with lint or cloths; Camphor plaster, (R. Mel. Rosae ℥. j. Camph. Pulv. ℈. ij. misce.) to be spread on leather to fit one-half of each breast. Hot pediluvia, sinapisms to the sacrum and feet, or resinous plasters worn in the hollows of the feet are good derivatives.

Bathing, frictions to the general surface, and all other measures to encourage capillary circulation, have no less influence than in other abnormal conditions. We cannot think that the use of narcotic extracts or lead lotions is safe for either mother or child, unless watched more closely by competent medical attendants than is usually convenient.

Belladonna has been recommended by high authority, but in hyperæmia it is far inferior to many safer remedies, and in anæmia or passive galactirrhœa, its usual specific action would be contra-indicated.

When the infant has been removed from the patient entirely, there is less objection to the use of Belladonna, or leaves of Stramonium, from which we have seen great relief.

Coldwater, Mich. Jan. 19, 1857.

SELECTIONS.

ON THE EFFECT OF BELLADONNA IN ARRESTING THE SECRETION OF MILK.

BY R. H. GOOLDEN, M. D.

As nothing is read with greater interest by practical men than your reports of clinical facts, I hope I may claim a corner in your journal at as early a date as convenient, to relate the following cases, illustrative of the effect of belladonna in arresting immediately the secretion of milk.

E. J——, aged twenty-eight, was admitted into Anne's Ward, St. Thomas's Hospital, with severe rheumatic fever. She had been ill four days, with a child at the breast four months old. At the time of her admission, she had swelling and acute pain in both wrists, right elbow, both knees, and left ankle. The knee-joints were distended with synovia, and erythematous patches were on the skin of the knees, ankles and wrists. She was bathed in perspiration, and the secretion of milk was abundant. According to the regulation of the hospital, the child was removed; indeed, from her helpless condition, it was necessary, considering the difficulty of attending to an infant in a ward with other patients. Soon after her admission she took eight grains of calomel and a grain and a-half of opium, followed by a senna draught; and one scruple of nitrate of potassa, ten grains of bicarbonate of potassa, and half a drachm of spirit of nitric ether, in peppermint water, every four hours. The joints were covered with cotton wool.

On the following day, at two o'clock, I found she had been freely purged; the joints were in nearly the same state. She had had no sleep. The breasts had become tumid, hard, painful, knotty, and extremely tender. The superficial veins were distended. Some milk had been drawn, but the process was attended with great pain, and we could not listen to the heart's sounds on account of the tenderness.

A milk abscess, in complication with rheumatic fever, was of all things to be avoided, and unless the secretion could be at once arrested, it appeared inevitable. In this state I recollected that I had somewhere met with an observation (but I cannot remember whether it was in an English or foreign journal,) that atropine applied externally to the breasts would dry up the milk; and thinking it reasonable, I caused the areola of the breasts to be smeared with extract of belladonna, in the same way that it is used to dilate the pupil of the eye. I likewise ordered the addition of half-drachm doses of colchicum wine, knowing that whenever milch cows eat the meadow saffron in the pasture, they immediately become dry; and though I have not much faith in colchicum as a remedy in rheumatic fever uncomplicated with gout, there could be no objection to its use, and it has the sanction of much higher authority than my own.

On my third visit the following day, the first inquiry was about the breasts. They are all right. But was it the colchicum or belladonna that had relieved them? The extract was used before I left the ward; before the mixture was given, the secretion of milk had been arrested and the breasts had become soft. The rest of the case has no further special interest. I will only state that there was no heart affection, and that the fever, though very severe while it lasted, was of short duration, and the patient left the hospital quite well in fourteen days.

The second case that occurred to me was uncomplicated with any disease, and such as would usually fall under the care of the accoucheur rather than the physician:

A lady, the wife of a clergyman, was travelling with her husband, and, in order to accompany him, had weaned her baby (then seven months old). Happening to be at Oxford at the commemmoration festival, he came to me in great trouble, telling me that his wife had done a foolish thing in weaning the child, and that they were now arrested in their progress in consequence of the state of her breasts. They were tumid, very tender, painful, and hard, with large superficial veins, and the milk had been drawn with difficulty several times, with temporary relief. I recommended the application of the extract of belladonna to the areola, desiring them to send for a medical practitioner if the inconvenience did not immediately subside, or unless she felt quite well. A few days brought me a letter, giving a very satisfactory account, and thanking me for what she was pleased to call my wonderful prescription. Within two hours she was perfectly relieved, the milk absorbed, and (what is very important,) there was no fever or other inconvenience attending the sudden suppression of the milk; and instead of taking the opening medicine I had prescribed for her, she continued her journey the next morning.

I have not been able to discover that the fact that belladonna is available for the purpose of arresting the milk secretions, is at all generally known—certainly it was not to several accoucheurs in large practice of whom I have inquired. The fact is important, if true, for then milk abscesses will become a matter of past history, and probably many diseases of the breast may be rendered less complicated by its use.

The two cases I have detailed are not sufficient to prove that it will always be either successful or safe, but they render it highly probable that it is so. My assertion may have a temporary interest, and soon be forgotten, and the opportunities of observing milk abscesses, and their early progress, do not occur with such frequency, to a hospital physician, even in private practice, as that I may hope to bring together a sufficient number of facts to lay them before you. The fact has already been noticed, and if you will invite others who have more opportunities of special observation to try the experiment, and give you *short extracts* of cases bearing on the subject, with the names of observers, I am sure you will confer a favor on the profession.—*London Lancet.*

YELLOW FEVER—ITS CAUSES, CHARACTER, AND PREVENTION.

As elucidating a subject of great importance to all our cities, but of the deepest concern to all those maritime cities which are subject to the visitation of Yellow Fever, we have selected from the proceedings of a recent meeting of the Academy of Medicine of New York the subjoined remarks of the distinguished Dr. Barton, of New Orleans, with those of the eminent Dr. Reid, of Edinburgh.

From the New York Times.

A special meeting of the New York Academy of Medicine was held at the University on Wednesday evening last, Dr. Willard Parker, President, in the chair, who stated that the Academy had been called together for the purpose of availing themselves of the opportunity to hear the views of Dr. Barton, of New Orleans, upon the subject of Yellow Fever. Dr. B. was well known to many as formerly connected with the school attached to the University, and as having in New Orleans, and in the Mexican war with Gen. Scott, had a large field for the observation and study of yellow fever, upon which he had read and written much. He was happy to introduce him to the Academy.

Dr. Barton briefly returned his thanks to the Academy for the honor of appearing before them, and stated that a few years since he was appointed by the city of New Orleans the chairman of a medical commission to examine and report upon the subject of yellow fever in its relations to the city of New York. That report was elaborate and voluminous, but to it he need not refer, for it had been published, and probably was in the hands of most of those present; and on the present occasion he should limit himself to the cause and prevention of this disease, without touching at all upon the treatment and many other points. How it originates and how to prevent its occurrence would be the subject of his evening's paper.

CAUSE OF YELLOW FEVER.

There are two conditions necessary to the creation of yellow fever. An elevated temperature and a high dew-point form the blades of the "shears of fate," united by miasm and filth. The report of the Sanitary Commission had stated this fact, and that whenever the dew-point fell to 60° the fever ceased invariably. The experience of the subsequent years had corroborated this view, both in New Orleans, Savannah, Charleston, &c.

The paper which he should read to the Academy was prepared for New Orleans, but it contained some statements intended for this Academy, in opposition to the views expressed here within the last year.

First. He should make some *corrections* where he had been misrepresented. He had never said that disturbances of the soil alone would produce the yellow fever.

Second. He had never stated that a high dew-point was the cause of yellow fever; but that it was the conjunction of these two elements with filth in certain proportions that was the cause. The three elements were necessary.

In regard to the report of the commission, which had generally been well received by the profession, there was skepticism on two points—the influence of a high dew-point and the necessity of a specific cause; and these points he proceeded to explain. Here he took notice of statements made a year since to the Academy by Dr. Stone, of New Orleans, whose high position rendered it necessary that these views should be met.

The condition of the atmosphere was very important. He had frequently known unacclimated persons visiting an infected district to be attacked in two hours when the dew-point was high.

I predicted the yellow fever of 1843 in May. The spring was dry, the rainy season being but seven days and seven nights, but in June and August there was much rain; for thirty days and nights it rained, and the dew-point averaged 70 71-100. Yellow fever depends upon meterorological changes, and as the dew-point rises and falls this disease varies. A few cases may occur sporadically, but there never will be an epidemic.

Dr. S. said that this disease had no relation with intermittents, and that it was no more likely to attack localities where miasmatic diseases prevailed. It is charity to suppose that the author has been misreported in this particular, the fact being so directly opposed to this view.

He wished to correct one very prevalent idea, that drouth and dryness are not synonymous. A hydrometer is the only test of this atmospheric condition. Rapid rains deplete the air and leave it dryer than before. Sandy soils absorb it, while clayey ones retain it; and the air is consequently correspondingly more or less dry. It is well known that foggy weather is generally without rain, yet no one would pretend that the air was not laden with moisture. Humidity is a necessary constituent in many diseases, as cholera, cholera infantum, sun-stroke, &c.

Whenever yellow fever occurs in any place for the first time, it is always accompanied by marked atmospheric changes. The same changes are noted at its departure, and these show how futile are the terms indigenous, imported and the like. A few cases may occur after a frost, but there is no epidemic. So we see cholera occurring in cold weather, and even in Russia, where the thermometer is near zero, but it is forgotten that this is the out-door temperature. The in-door temperature, where the disease actually occurs, is about 80°, or summer heat. The seasons when yellow fever is rife in New Orleans are peculiarly damp. The city is always damp. Goods spoil kept in our stores one year, and flour frequently in a few hours; for notwithstand the peculiar dampness of our city, little or no efforts have been made in the construction of our warehouses to counteract it. The dampness, however, of itself, be it remembered, will not cause yellow fever if the other elements of high temperature and filth be not added.

(The Doctor then went on to speak of the manner in which this disease attacks a neighborhood, and particularly in the case of the Ben. Franklin, which, it is alleged, carried the yellow fever to Norfolk, but which he said was not the case.)

It is the fault of the city authorities if yellow fever invades a city! The disease is entirely in their hands, and they may have it or not, as they wish. The "shears of fate" which is to cut the thread of their lives is formed, as I have said, of two blades. The one is high temperature, the other a high dew-point; but the rivet of these shears, without which they cannot act, is filth. The authorities can so drain the city and so thoroughly cleanse it that one blade will be dulled and the rivet may entirely be wanting. "Millions for cure, but not a cent for prevention" seems to be the motto of city authorities. Filth is the electric spark which fires the other elements. Typhus, smallpox, yellow fever, measles, and many other diseases, as well as all intermittents, may be, in my opinion, generated without foreign importation.

A study of meteorology was absolutely necessary for the safety of a city. Notwithstanding the proximity of Government institutions to the infected region around Norfolk, no such observations were made, and in some places where this was supposed to be done they were made at a distance of a mile from the location where the disease raged, upon a hill or in a healthy locality. The reports, therefore, were not the reports of the infected locality, but of a proximate healthy one, and a comparrison would show a most marked difference.

After Dr. Barton had concluded his remarks, of which we have scarcely given an outline, to one of the largest meetings of the society ever convened—

Dr. A. H. Stevens proposed a vote of thanks, which was unanimously carried, and then proceeded to propound several questions for the *viva voce* vote of the Academy, (upon which it was thought inexpedient for the Academy to express a formal opinion; but, being called upon for his own personal views, stated: First. That he did not think yellow fever was a high grade of the bilious fever of our country, but something more. Second. He did not consider it personally communicable. Third. He did not think its origin connected with the arrival of foreign shipping. Fourth. He held his opinion in suspense, whether it might not exist independent of the arrival of foreign vessels.

Dr. Griscom would request Prof. David B. Reid, of Edinburgh, whom he saw present,) the distinguished chemist, well known for his scientific sanitary reports made to the British Government, who arranged the ventilating apparatus of the new Houses of Parliament, &c.,), to state to the Academy his views respecting the influence of dampness in producing disease.

Prof. Reid, in responding, said he had seen little of the relation of dampness to yellow fever, but he had in Scotland, England, France, Russia, &c. noted many relations between moisture and disease generally. He had never in his life listened with so great interest and delight to any paper as to the erudite one of this evening. He had had much to do with ventilating old buildings in London, in draining sunken places where the drains and air-tubes had to be carried down through the remains of the old Roman walls, ships from China, the Houses of Parliament, and especially the worst part of London, the

Old Bailey. Lime in large quantities he had found to entirely destroy all dampness. He was not prepared to hear of the low temperature of New Orleans. He had indeed seen great cold in London immediately after a storm. Fever, he said, was invariably arrested by the withdrawal of moisture, to be effected in three ways: either by a high temperature drying it up, a low temperature condensing it, or by chemically withdrawing it. The difference of moisture he had personally noticed in his late residence in London, where, in the upper stories, meat would keep pure for several days, when, near the ground, two or three hours only would be necessary to materially change it.

Dr. Stevens had observed, when the Potter's Field was in Third avenue, there was an intense stench from some twelve hundred bodies being buried in a trench in two weeks, and he, as the President of the Board of Health, ordered fifty barrels of lime sent there; six only were used, making the place, as the keeper said, "as sweet as a rose." He wished to know whether the lime decomposed the gasses or withdrew the moisture?

Prof. R. replied that it did both, and in various ways when in the fluid state. So long as the alkali was in excess, as evinced by the test paper, it would be effective.—*Nat. Intelligencer.*

THE GLUCOSURIA OF NURSING WOMEN.

The recent discovery of M. Blot, of Paris, of the presence of sugar in the urine of women during lactation, is one of the most interesting results of physiological investigation, and compares, in this respect, with the remarkable fact, announced by Bernard, of the existence of the same substance in the liver. The following is a translation of a paper presented to the French Academy of Sciences, by M. Blot, containing the results of his observations.

The presence of sugar in the urine has hitherto been considered by physicians as the pathognomonic sign of one of the most grave diseases, to wit, *diabetes.* The result of numerous investigations which I have made, must henceforth deprive this sign of a part of its diagnostic value. In fact, it clearly follows, from these researches, that sugar exists normally in the urine of all parturient women, of all nursing women, and of a certain number of pregnant women.

In order to give more weight to these results, I will say that I have been assisted in the chemical part of my labors by M. Reveil, adjunct professor to the School of Pharmacy, and that in several instances I availed myself of the talents of M. Bertholet, whose brilliant discoveries in organic chemistry are known to all.

For the demonstration of the fact which I announce, I resorted to the means usually employed to detect sugar in any liquid. In this way I ascertained, in a manner which admits of no doubt, that the urine in question combines these four properties, which are peculiar to sugar: 1st, that of reducing the solution of sulphate of copper and

caustic potash. 2d, of turning brown the caustic solutions of potash or of lime. 3d, of yielding alcohol and carbonic acid by fermentation; and 4th, of deviating polarized light to the right.

This physiological glucosuria is observed under the following conditions:—1st, in all lying-in women (45 times out of 45,) sugar begins to exist in the urine, in sufficient quantity to be estimated, from the moment of the secretion of milk in the breasts. In many women it does not appear before that period, but in some it is found earlier, though for the most part in inconsiderable quantity. If the secretion of milk goes on, the sugar continues to pass into the urine, with daily variations, which are as yet unexplained. When the milk is very abundant, the proportion of sugar is, in general, large; if the milk is scanty, the urine contains but little sugar. Thus an examination of the urine may serve, to a certain degree, as a criterion of the value of a nurse. If the secretion of milk is diminished or arrested by any cause, particularly by the development of a morbid condition, of greater or less gravity, the surgar diminishes, or disappears completely; should the diseased state give place to health, and the flow of milk become re-established, the sugar re-appears. Finally, the urine contains sugar as long as the secretion of milk lasts. I have found it in very considerable proportions (8 grains in 1000 grains of urine,) in a woman who had been nursing for twenty-two months. I need hardly add that none of these women, pregnant, lying-in, or nursing, presented any symptom of diabetes; on the contrary, the urine was in general the richer in sugar in proportion as the health was better, and approached to the normal or physiological state.

At the cessation of lactation the sugar disappears from the urine in a variable time in different snbjects; more quickly in women who do not nurse at all, more gradually in those who having nursed, begin to wean their infants. In the latter especially, the disappearance of the sugar may be subject to alterations; it has happened to me to detect it one day, and not to find it the next, but to discover it again on the third. One thing, however, is constant, the sugar is reduced to a very minute proportion as soon as the swelling of the breasts, which follows weaning, has disappeared.

From what has been said, it seems to me impossible to avoid the conclusion that this physiological glucosuria is connected with the secretion of milk.

I have said that the quantity of sugar varies in different individuals, and at different periods of lactation; I will add that it is, ordinarily, much smaller than in diabetes. The amount which I have been able to determine, has varied between 1 or 2 grains up to 12 grains for every 1,000 grains of urine. I will merely observe, in this connection, that these proportions were observed in the morning urine, which is perhaps the least rich.

In pregnant women, sugar is met with in about one-half of the subjects observed. I believe, without being able to speak positively, that this peculiarity occurs especially when the sympathetic phenomena of pregnancy are strongly developed in the breasts; it is want-

ing, on the contrary, when the breasts are, so to speak, indifferent to what passes in the uterus.

This glucosuria being fully recognized in women, it was quite natural to suppose that it existed also in females of the different species of the mammalia. It is my intention to prosecute my researches in this direction, and I hope very soon to be able to submit the results to the Academy. I can announce, even now, that the phenomena occurs in cows. In fact, in nine observations made upon these animals, I have detected it in every instance.—*Am. Jour. of Sciences.*

Croup.—We extract the following remarks of Dr. Williams, before the Baltimore Pathological Society, the Proceedings of which we find published in the *Virginia Medical Journal* for December.

What is the nature of croup? So far as our present knowledge extends, I feel justified in defining it to be a specific inflammation of the air passages, and more especially of the larynx, which is attended by an exudation of false membrane. This exudation may take place in the pharynx, and then extend to the larynx; or it may commence in the larynx, and thence be propagated to surrounding parts. In the former case it has received the name of *diptheritic croup;* in the latter it is called *pseudo-membranous croup.* For practical purposes, however, so far as treatment is concerned, they may be regarded as the same disease.

What, then, is its treatment?

In view of the specific character of the disease, specific treatment has been proposed. But, unfortunately, such treatment has not proved successful.

It only remains to inquire into the indications to be fulfilled by "*rational*" treatment! What are they?

1st. To prevent the *formation* of false membranes.

2d. To cause their expulsion when formed.

3d. To prevent their reformation.

These objects may be accomplished either by *local* or by *general treatment;* or by *both combined.*

Local treatment consists in the application of caustics directly to the affected parts. The best caustic seems to be *nitrate of silver* (20 or 30 grains to an ounce of water,) which must be repeated as often as the violence of the case requires.

The *general* treatment should consist in the use of bleeding, calomel and emetics, either singly or combined. Old authors are nearly unanimous in recommending blood letting. Indeed, they make it the essential part of their treatment. *Recent* experiments, however, are opposed to it. Meigs thinks that it *may* be used in those cases where the disease begins in the larynx. Calomel has more advocates; and it certainly is a most beneficial remedy; but it is too slow in its operation to justify us in relying upon it *alone.* It should always be associated with something more prompt in its action. The best combination, so far as my observation and experience extend, is calomel with *emetics.* This combination fulfills all the indications of treatment.

The calomel, by its defibrinizing qualities, tends to prevent the formation of false membranes—or, if they be already formed, it tends to prevent their spreading to surrounding parts with the same rapidity that they might otherwise assume. The emetics tend to produce their detachment and expulsion.

But whatever may be the theory—practice sanctions the treatment. Meigs mentions *eight* cases thus treated, of which *five* recovered. Valleix refers to fifty-three cases, of which thirty-one were treated with emetics and (generally with) calomel. Of these, *fifteen recovered.*

Twenty-two (of the 53) were treated *without* emetics, or, at least, they formed but a secondary part of the treatment. Of these, *all died but one.* All of those that recovered expelled more or less false membrane.

Being thus satisfied of the utility of emetics, the question arises, what emetic should be used? Antimony, ipecac., alum and sulphate of copper have all been highly recommended, and frequently used. Ipecac. is liable to the objection of losing much of its effect, if its use be continued any length of time, while antimony and sulphate of copper are so irritant as to expose to the risk of producing derangement, if not inflammation of the stomach. Alum is free from both these objections, and hence is a most serviceable remedy.

Thus, as a summary of what has been said, we find that the best treatment for croup is a combination of calomel and alum—the latter to be given two or three times a day, so as to produce *active emesis;* and then, during the intervals, to administer calomel every one or two hours, so as to bring the patient under its influence as speedily as possible. To this treatment may be added, in many cases, cauterization, and sometimes, though rarely, the use of the lancent.

Should all these means fail, there remains but one remedy more, viz: tracheotomy.

Properly to decide upon the propriety of this operation, we must examine two points, which can only be determined by an appeal to facts, that is, to the result of experiment. These points are the results derived from the operation. and the danger attending it.

1st. Is tracheotomy attended with danger to the life of the patient?

Where it has been performed for the removal of foreign bodies, it has been almost always successful. Prof. H. H. Smith, of Philadelphia, has collected *twenty-nine* cases, and of this number *only one* resulted fatally. Prof. Pancoast corroborates this statement, and asserts, that he has never seen a fatal case where the death was clearly assignable to the operation. And such is the experience of French practitioners, so far as I have seen and read.

From these facts it appears that the operation is not attended by danger when performed under *favorable circumstances.*

What is the result when performed for croup?

I have only been able to obtain, from reliable sources, reports of 208 cases. Of these, *fifty-nine recovered.* This is certainly a most favorable result; and, taken in connection with the little danger attending the operation for the removal of foreign bodies, seems to constitute a very strong argument in favor of the operation. The strength

of the argument is still increased, if we bear in mind the fact that the operation for croup is deferred until a late period, and the death of the patient imminent. It seems to me that such facts afford a strong inducement to perform the operation.

Before resorting to it, however, we should make faithful use of the medical means at our disposal. If they fail, we would certainly feel justified in deciding in favor of the operation.— *Western Lancet.*

EDITORIAL AND BOOK NOTICES.

TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION.— *Continued.*—In our last number we gave a list of the contents of the ninth volume of the transactions of this body, and a condensed summary of one of its most important papers—that of Dr. F. H. Hamilton on "Deformities after Fractures"—extending the summary back to the previous volume, as the subject was commenced the year before. We now propose to continue our labors, extending them to other papers in the ninth volume before us.

The next article in order is the report of the Committee on *Hydrophobia*, by Dr. Thos. W. Blatchford, of Troy, N. Y., Chairman, and Dr. A. D. Spoor, of the same city, who was the other member of the Committee.

The report, including details of cases from various sources in this country, occupies 103 pages, and constitutes probably the most thorough investigation of the subject, which our American literature affords. It is quite certain that never before have been collected so large a number of cases of this terrible disease occurring on this continent, and the Committee are entitled to great credit for their zeal and perseverance in soliciting and collecting information.

The report says: "The main object of our inquiry has been to ascertain, if possible, whether Hydrophobia prevails more at one season of the year than another; whether the community is more in danger from the bite of rabid animals in hot weather and during the "dog days," than during the colder months of the year"—and as proof upon this point, have sought for information from every locality in the United States where the disease has prevailed, as to the extent of its prevalence and the months of its occurrence. They have incidentally referred to similar information gathered by others in European countries, and the conclusion to which they come with a force of evidence, which cannot be resisted, is, that season has no perceptible effect

upon the prevalence of the disease, and that certainly it has prevailed quite as largely in winter as in summer.

The facts on this point can be summed up in a few words and figures.

Of the 101 cases of bites by rabid animals, occurring in the United States, which the Committee have collected, and where dates have been ascertained, 11 were bitten in January, 10 in February, 13 in March, 6 in April, 12 in May, 8 in June, 8 in July, 5 in August, 12 in September, 6 in October, 8 in November, and 2 in December=101.

Of those attacked with the disease from such bites, 6 sickened in January, 5 in February, 13 in March, 6 in April, 4 in May, 9 in June, 10 in July, 5 in August, 7 in September, 6 in October, 12 in November, and 5 in December=86.

Of the 101 bitten, 31 received the accident during the three Spring months, 21 during the Summer months, 26 during the Autumn months, and 23 during the three Winter months.

A summary is given of cases obtained from other sources, including their own report, United States Mortality Census, Tardieu's Report for France, and Radcliff's Report for England—in all 250 cases where the season of the year is given, from which we learn that 78 cases occurred in the Spring, 59 in the Summer, 48 in Autumn, and 65 in Winter.

These statistics settle the question and demonstrate the absurdity of the enaction of "Dog Laws," having effect during the Summer or "Dog Days," and ceasing their operation at other seasons.

Other evidence is adduced during the progress of the report from a variety of authorities in almost every portion of the world, all tending to show that the influence of the "Dog Star" upon the canine race, or the power of heat in inducing rabies in these animals, is the veriest superstition, and that all evidences of its existence should be wiped from our statute books and the public mind.

Other points of interest respecting this disease are discussed in the report. As to its cause, the direct influence of particular kinds of food or drink, of hunger, thirst or repletion in exciting the disease is denied, and the opinion is expressed that the bite of a rabid or infuriated animal is the only cause of the peculiar malady. The opinion is also expressed, and cases are given in illustration and proof, that an animal enraged from any cause, though not laboring under the disease Hydrophobia, may induce the disease in another by biting and inoculating with its saliva.

The reason why dogs and wolves more than other animals are sub-

ject to the disease, is believed by the reporters to be that these animals are more irrascible and more frequently in a violent rage. The wolves in the forests of Russia are very subject to attacks, which are attributed to their pursuing together their prey; and when in intense excitement they come upon it, they often fall out with each other over the division of shares, and in the melée inflict mutual wounds and inoculate with saliva made poisonous by passion, thus developing the disease.

The average period of incubation of the poison in the 89 reported cases in which it took effect, was about 70 days, the extremes being 13 and 365 days—23 cases, 30 days and under, and 14, over 100 days.

The average duration of the disease in the 72 fatal cases in the human subject was 3 days, the extremes 1 and 21 days.

In 89 cases out of 100 the injury was from the bite of a dog, 9 from that of a cat, 1 from a raccoon and 1 from a fox. One was supposed to be from the saliva of a cow, and another from that of a calf. The same old story of fatality in well marked cases is repeated —only 4 or 5 cases recovering, and some of them not being unequivocally well marked. A doubt is left as to their being all genuine cases of Hydrophobia.

In most of the cases where recovery occurred, salivation was induced with Mercury. The parts in some instances were excised. Nothing, however, is satisfactory on the subject of treatment. Most of the persons having the disease were bitten upon exposed parts, clothing seeming to protect from inoculation to a considerable extent.

The next paper in the volume of transactions is: "A Report on the Causes which impede the Progress of American Medical Literature," by Dr. S. D. Gross, late of Kentucky, now of Philadelphia.

The document occupies 23 pages and was read in full before the Association, and in connexion with the one next succeeding on a similar subject. The regular report of the Standing Committee on Medical Literature, by Dr. R. J. Breckinridge, of Ky., elicited much interest in that body, partly on account of the differences of opinion expressed in the papers respectively.

In speaking of the causes which impede our Medical Literature, Dr. Gross proposes to treat the subject with boldness, exposing faults wherever they exist—or, as he expresses it, to "speak the truth, the whole truth, and nothing but the truth."

He answers the question: Have we a National Medical Literature? affirmatively; but contends that its character and extent are not what they should be, or what he hopes they ultimately will be. It is im-

mature, but in progress of growth and development, and if lacking the stately proportions of the more advanced nations of Europe, it possesses the vigor of a healthy youth, and is advancing to full maturity of a sturdy manhood. After giving a rapid sketch of the brief history of our Medical Literature, he arranges the causes which obstruct its progress, under the four following principal heads: 1. The identity of the language of this country with that of Great Britain; 2. a disposition in the profession to patronize English works in preference to American; 3. a want of independence in our periodical press; 4. a lack of industry in observing and recording facts in private and hospital practice. Upon each of these heads he proceeds to dilate at considerable length, and, we scarcely need to say to those who know the reputation of Dr. Gross, with much ability.

Under the first division, he refers to the natural desire we have to know what the inhabitants of Great Britain, having the same origin and speaking the same language with us, think and say upon subjects in which we mutually are interested. As our desire to read English books cannot from their high price, further enhanced by import duties, be readily gratified from the English press, re-publication of these works in this country, not being prevented by any international copy-right law, has become an extensive business; and while a source of wealth to various large publication houses in the Atlantic cities, the works of English authors are afforded to our people at less than half the cost of the same works to the British reader. This gives many English books a larger circulation here than in their own country, and while supplying our people liberally with mental nourishment, it has the effect to repress home productions and retard the development of a national literature.

So far are all these things true, that some works have been first collected together from periodicals at their homes and published in separate forms in this country, while several works have passed through more editions here than in the places of their nativity, and the number of English works, at the present time circulating among us, is greater than of native productions. All this is very natural and very true; but is it a matter of regret or of rejoicing? Dr. Gross cannot but acknowledge, as he does, that "this practice of publication is of great advantage to the public; for it serves to diffuse among the people in a cheap and accessible form a vast amount of knowledge, that would otherwise be beyond their reach. It brings the works of our transatlantic brethren directly to our doors, at the same time that it serves to extend the name and fame of the authors." But

while it does all these good things, he contends that it "interferes with the establishment of our national literature. It depresses native talent, native genius, native aspiration and enterprise; it narrows the road of authorship and besets it with obstacles and difficulties almost insurmountable by ordinary means." He states in substance that, when the native author, after much labor and toil, places his manuscript in the hands of the publisher, he is told that the market is so fully occupied with works upon the same subject, that in a pecuniary point of view the enterprise must be a doubtful one; but that, if the work sells well, he may receive a few hundred dollars for a subsequent edition, but that at present the value of his copy-right can hardly be regarded above zero. This is a cool reception certainly and puts a decided tarnish upon an author's *golden* prospects, reducing him, as a solace and recompense, to thoughts of the prospective fame of his literary labors. But worse than this, as Dr. Gross contends, national *honor* and *glory* are sacrificed by not encouraging men of sound learning and scientific talent to develope its literature and thus shed renown upon its name.

Here then, according to this showing, we have most distinctly pitted against each other on the one side the intellectual wants of the people and of the profession, and on the other the pecuniary interests of authors and the glory of the nation.

Now we must confess that, when the pecuniary interests of a few authors are placed in opposition to the intellectual and scientific wants of a great profession and a great people, that the former, in our apprehension, sinks into utter insignificance, and is not worthy of being mentioned. The honor and glory of the nation has a more imposing sound, and is worthy of the most respectful consideration; but it must be remembered that the glory of *our* nation consists in the general intelligence and welfare of the people. It does not consist in the vast accumulations of knowledge which may exist with a few individuals, but in the diffusion of knowledge throughout the masses; not in the brilliant reputation of the few, but in the substantial intellectual wealth and enjoyment of the many.

But to look at this matter of *glory*, so far as the production of great works is concerned, a little more closely. Is, in fact, the production of such works as reflect honor upon a nation, diminished by allowing a free competition of foreign works?

That a common, inferior class of compilations is discouraged by this foreign competition, there is no doubt, and the same may be true to some extent even of the better class of compilations—those useful

works reflecting the opinions of the most intelligent portion of the profession throughout the world. But they are the works of its original observers, and thinkers, and writers, that shed glory upon a nation. The works which show in their composition extensive learning, thorough investigation, accurate observation and experiment, correct and comprehensive appreciation, rigid analysis and deduction, profound generalization, systematic arrangement, and ease, conciseness and clearness of expression, are those which do honor to a nation. Other works may make a name familiar at home, as we are familiar with those who more immediately supply our most common physical wants; but they do not so shine as that their light extends abroad to the increase of national renown. Now, we ask again, is the producduction of such works discouraged by the free circulation of works from abroad? We think not for various reasons.

In a profession like ours, where free intercourse and the communication of the results of observation, experience and thought are through associations, local and national, and the periodical press so extensively indulged, the enlightenment of the mass must increase the knowledge of each individual—more facts are brought to light, more thoughts are suggested, and more knowledge may be accumulated. This is too evident to require proof or illustration. Dr. Gross admits that this free circulation of the best foreign works is a benefit to the masses of the profession—renders them better informed.

Again, it cannot be questioned that the productions of a writer, both as to matter and style, is materially influenced by the knowledge and appreciation of those whom he expects to address. He will do all in his power to write up to the intelligence and taste of his readers. Again, with a knowledge that the best productions of foreign authors are spread broadcast over the land, he writes in immediate view of the highest possible competition, and must exert himself to the utmost, to acquit himself with credit in such a strife.

Such we should conclude upon every principle of common observation and reason, would be the result of the state of things existing. What is the fact? We pretend to say that the medical literature of this country under these influences has greatly prospered. Where upon the face of the earth is or ever has been a country of twice our age with half our literature?

It is true that our medical literature has not reached the extent, the richness and variety of some of the older European nations. In the nature of things it could not be expected. The field of practical activity, aside from book making, is too extensive and new, not to

attract a large share of the talent and enterprise of the nation; still, much of a high order has been accomplished. In proof of this we need but refer to the list of works of American authors which Dr. Gross enumerates in his paper, and to the high opinion which so competent a critic pronounces upon them; and we might and shall add others, which the modesty of this distinguished gentleman and American author did not allow him to mention.

He asks, where in the English language is a medical dictionary, to be compared with that of Prof. Dunglison, or a Treatise on Physiology superior to his? He refers with equal praise to the works of Wistar, Horner, Morton, Pancoast, Richardson and Handy on Anatomy; to Eberly, Wood, Dickson and Dunglison on the Practice of Medicine; to Chapman, Eberly, Dunglison and Beck on Materia Medica and Therapeutics; and if Dr. G. B. Wood's new work had been published at the time, he would have named it as the crowning glory of them all; and he does mention "the Dispensatory of Wood and Bache as beyond doubt the most able work of the kind extant." He also refers with pride to the works of Dewees, Meigs and Miller on Obstetrics; to those of Eberle, Condie, Stewart and J. F. Meigs on Diseases of Children, as without rivals in the English language; of Beck, the merits of which have been acknowledged by so many reprints in Europe, and of Stillé, which will be acknowledged on Medical Jurisprudence—and adds that "ages elapsed before Great Britain produced one solitary great work on Surgery, Obstetrics, Practical Medicine, Toxicology, Chemistry, Medical Jurisprudence or Anotomy."

He farther says: "If we turn our attention to specialities, we have no reason to be ashamed of our labors. The monographs of Gerhard, Swett and Austin Flint, of Warren, N. R. Smith and Carnochan, of Ray, of Bell, of Bartlett, Barton, Drake and La Roche, are highly meritorious and creditable to the country. The two latter evince an amount of research and erudition which have no parallel in English medical literature." To this, we with great pleasure and pride add, that Dr. Gross' work on Pathological Anatomy was at the time of its publication and for some years after, considered the fullest and most able work on that special department of medical science, which of late has been so much developed; and his monograph on the Urinary Organs, and also that on Foreign Bodies in the Œsophagus are the most complete works on those subjects which have graced any literature, the last having none with which it can be compared.

So much, from Dr. Gross' own showing, as to the character of our medical literature developed under the system of a free and world-

wide competition. To be sure, he uses these statements to show that American Medical Literature is worthy of patronage, but it shows equally well, that the system which in so short a time has developed such a literature, cannot be so exceedingly bad.

As to Dr. Gross' second position, that there is "a disposition in the profession to patronize English works in preference to American," or at any rate, that such a disposition is general, we must beg leave to doubt. There is undoubtedly a general disposition to purchase and read the best and cheapest books; but that preference would be given to an English work, because it is English, by any true American, we do not believe. It is true that many English works, and some of an inferior character, are purchased and read; but American works are also purchased and read. We need but refer to the numerous editions of the works of Dr. Dunglison, some of which are the merest compilations, to prove this remark—and could a more extensive sale be desired for works, than have been awarded to the American Dispensatory, Wood's Practice of Medicine, the various excellent works of Dr. Meigs, and numerous others which could be readily mentioned? Meritorious American medical works obtain a ready and extensive sale, and some an extensive sale, which cannot be accused of extraordinary merit.

American periodical literature Dr. Gross speaks of in high terms. He says: "In point of extent, variety and practical value it is unequalled by that of any other nation. Nearly forty presses are employed in its service, and many of the best minds in the country contribute to its pages, and it constitutes a most valuable source of information."

As to a want of independence in our periodical press, the charge doubtless holds good in many instances. One great difficulty here is, that there is not sufficient pecuniary encouragement to induce our best men to give their time to a labor so illy requited. Not one man, even the ablest, with the pressure of the duties of a large practice and perhaps many other studies and cares, can command the time to make such a careful perusal and comparison of all the works which make their appearance in quick succession from the press, as to give an intelligent and critical opinion respecting them, and especially with that promptness which publishers require; and hence the labor must be entrusted to other hands, or a vague, stereotyped commendatory notice must be given. The latter is generally resorted to, and the accustomed praise is bestowed. If a notice must be given, this is the only practicable course; for none can think it right or expedient to

condemn a work unread, or even "damn it with faint praise." Before a work can be justifiably censured, it must be thoroughly studied by a competent person. The want of independence in the press arises more from a want of capacity in those who do the work of the press, or a want of time, there not being a motive presented for doing the work thoroughly.

Doubtless the practice of publishers sending their new books to the journals, with the intimation in some instances, that, if the notices are not of such a character as to promote the sale of the works, there is no motive for their being sent, has an effect upon many, as the reporter states; and it will be likely to exert an influence, so long as the books received for review constitute the principal income of the editorial office. Still a vast majority of editors would spurn any such thought of venality, and it is rather due to the other causes named, that more independence in criticism is not manifested.

This influence of publishers is not exclusively exerted in favor of their publication of foreign works. The only instance in our editorial career in which an attempt has been made to coerce expression, was in favor of an American work. Our indignation rises, as the mind reverts to the case.

On the subject of private and hospital practice, not being made available for the advancement of our national literature as it should be, we fully and heartily agree with Dr. Gross. On this subject we have of late thought much and felt deeply; but as our views of its importance have been given to the profession and our readers, in the report to the Association on the Organization of State and County Societies, we shall forbear, at present, any further expression.

We must here pass from the notice of this paper of Dr. Gross, able and worthy of consideration as is every production of the pen of its eminent and accomplished author, to a few words respecting the report of Dr. Breckinridge.

After giving a general, but rapid notice of the publications for the year, our reporter says: "In a critical survey of our national medical literature, not only for the current year, but for years gone by, we have been strongly impressed by two antagonistic particulars respecting it: 1st, its general excellence, and 2d, the depreciation which it has so often met with at the hands of some of our own brethren." He then goes on in pleasing, but forcible language to describe the lamentations which have been uttered by dignified reporters and anonymous scribblers upon our degradation in point of medical scholarship. He admits with Dr. Gross that our literature is not

yet developed. He says: "We have felled forests rather than trimmed the midnight lamp; have reared great cities rather than studied great books. Brave hearts and strong arms, incited by restless activity, have founded an empire, vast in extent, mighty in power. The period of repose has not yet come; the stillness of deep thought has not yet fallen upon us." He then proceeds, though not as fully and scarcely as forcibly as Dr. Gross, to represent the bright and meritorious points of our medical literature; but not so much in harmony with the latter, repels the declarations that our authors are not appreciated.

In a very happy style he argues at some length against an international copy-right law, coming to the conclusion that the "commonwealth of letters is boundless, and men of science have a *right* to a universal hearing. As no nation can possibly have the monopoly of learning or of wisdom, so no narrow sense of nationality should attempt upon any plan or for any purpose, to shut out the productions of foreign authors; but every true man of letters should be known and honored everywhere."

As for the means of correcting the faults of our medical literature, he trusts to the unchangeable laws of progress and development, rather than to any specific action on the part of the Association or of government.

Dr. Gross recommends that, whenever practicable, the schools should universally adopt as text-books for their pupils American works; the discontinuance of the practice of editing foreign works; a more independent course of the periodical press towards foreign works, and a more liberal one towards American; and a more careful observation and record of cases, especially of those occurring in hospitals, for the elucidation of disease, and indirectly for the formation of an original, a vigorous and an independent national medical literature.

On the first of these points we hold that students are entitled to the best text-books which can be placed in their hands, from whatever source derived; while at the same time we believe, where works of equal merit are presented from different sources, national pride, as well as that charity which begins at home, would suggest that a preference be given to the native work—and as a general rule, we think, American works, especially on practical subjects, are better for American students than foreign works.

As to editing foreign works, in condemning which Dr. Breckinridge agrees with Dr. Gross, we see no impropriety in doing so, provided

the foreign work is a good one and is needed, and provided additional matter is required to bring it up to the present time and adapt it to our local wants. Take for illustration Dr. Blackman's edition of Vidal. The work, in our judgment, was needed, and is improved by the additions of the editor. The profession know how to mete out credit in these cases.

With regard to the reviewing of foreign works more severely, and native ones less so, (for this is what "independently" and "liberally" seem to mean,) both truth and the highest interests of our literature demand that equal and exact justice be done alike to all. We would that all our readers felt the full importance of the last recommendation.

We have at much more length than we intended, reviewed these very able papers upon our literature. The interest of the questions involved must be our apology for occupying so much space. We shall proceed in the next number with more brevity to give abstracts of other interesting papers in the volume of transactions.

A. B. P.

PROPOSED REMOVAL OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY.—A cotemporary Journal, designed from its inception, to establish a claim to popular regard by assailing this institution, and by catering for those tastes which find their means of gratification in the subsoil of society, having so suddenly become enamored of this "Prussian Exotic," as to assume, in its January issue, to take upon itself the direction of its affairs; we find ourselves tempted by this exhibition of concern, to make some remarks directed to the same point, disclaiming any intention of usurping the powers of its constitutional guardians, the Board of Regents, or design of having it understood that we speak by their authority.

Of the fact that Chancellor Tappan received his appointment against the influences of a strong opposition, we propose to make no use, as the prosperity of the College of Medicine turns not at all upon that pivot. If he has so discharged his duties as to live down that opposition, causing even the wrath of his enemies to praise him, we shall not take advantage of the present occasion to quarrel with him on that account. But of the darkness of that ignorance which confounds a *University* with a *system* of public instruction, we shall have a word to say, lest persons may be misled by it, who do not at first sight perceive the profundity of that ignorance, or discover the sophistry that lies below it. No intelligent citizen of Michigan, we presume, needs now to be informed that our *System of Public Instruction*, established by the

framers of our first constitution, was copied from the Prussian. Neither need they now to be informed that that system consisted in the harmonious blending of the three degrees of education, found in the common schools, the gymnasium or elevated academy, and the university, wherein the highest degree of instruction is communicated, and that this whole system was under the supervision of an officer of state, entitled the Superintendent of Public Instruction.

This was the *plan* we borrowed from our Teutonic rivals in education, but the *principle* which underlies it, and gives it vigor and vitality, is the freedom which secures it universality. This is the Prusso-Michigan system, and not a department of it, and this is the system which, instead of being treated as a by-word, should be honored and upheld by every conservative citizen who desires to preserve and perpetuate our representative institutions, whether he delights in the prenom of democrat or republican.

We have made these remarks, not for the purpose of vindicating Dr. Tappan, who may or may not be accountable for the difference between 162 and 161 students in the Medical Department, but with the intention of breaking the force of an unjust prejudice excited in the minds of many, by placing the Prussian origin of our educational system before the public eye, in such a light as to lead to the belief that it is a recent exotic, and not a naturalized plant, genial to the soil, of a healthy and vigorous growth.

There is no well informed physician who does not know that the number of medical students in the United States has been on the decline for several years past; and we are sure of the truth of our remark, when we state that the University of Nashville, in Tennessee, and the University of Michigan, at Ann Arbor, are the only institutions in our country in which the number of medical students, at the commencement of the present term, was equal to the number in attendance in the years immediately preceding. This statement is made on the authority of the American Medical Gazette. How then can a medical journalist derive the conclusion from this state of facts, that the Medical School, at Ann Arbor, has passed its point of culmination, unless he be culpably ignorant or designedly mendacious?

The foregoing remarks have been deemed essential as a means of disposing of a prejudice—first arrayed against the University as a whole, and now against the Medical Department in particular—too evidently with the design of giving such a bias to the public judgment, that it would have but few regrets for the adoption of any measures affecting its unity or the integrity of its separate parts.

Touching the main question—the removal of the Medical Department to Detroit—we are led to express, in the first place, our convictions of the paramount importance of clinical observation to the medical neophyte as a means of fitting him for the discharge of those duties which await him when he enters upon the active pursuits of professional life, and to record our convictions that these observations may be most successfully and profitably made, under the supervision and direction of a private preceptor.

In discussing the expediency of breaking in upon the unity of the University, and of taking the risk of detracting from the moral force of it, as a whole, for the sake of a contingent advantage to enure to one of its departments, there are several things to be kept in mind—such as that the University has no "college hospital" like the institutions of London and Paris, connected with St. Bartholomew's and St. George's, or La Charité and Hotel Dieu—that hospitals have had their origin since the incoming of the christian era, are based upon that beautiful requirement of the author and finisher of our faith, that we should do to others as we would that they should do to us, and should be regarded as asylums for those who are overborne by sickness and want, and not merely theatres for the exhibition of gladiatorial medicine, or the illustration of the principles which pervade that beneficent science.

The besetting evil of the profression in America, is the want of a coercive power, sufficient to compel persons seeking to enter its ranks, to submit to such a preparatory mental training as will make them respectable members of society, and qualified observers in the field of labor they propose to cultivate. The truth of this remark is illustrated in every American community, more especially so in the northern States of the Union; and the declaration of the whole truth obliges us to say that, even in our own cherished institution, the statutes of the Regents, in relation to preparatory education, are not always duly enforced, and that for the sake of retaining numbers, now proposed to be increased, by teaching those to practice, who have not, in all cases, been taught to study.

Whilst we retain our present impressions of the causes of professional degeneracy, (we would we were young America that we could always talk of progress,) in our country, we shall best discharge our duty to community, and most surely secure our own approbation, by insisting upon a more elevated preparation for the medical noviciate, and a more protracted course of professional study, before he be inducted into the chamber of the sick or the wards of a hospital.

If allowed to regulate the course of study, and ordain the pre-requisites for admission to the bosom of the profession, we should do it in this wise. Specify the studies to be pursued before commencing the study of medicine, appoint the subjects to be mastered before being examined for the degree of Bachelor of Medicine, and then require the Bachelor to attend a course of clinical instruction, under the direction of a clinical professor before he can receive the degree of M. D.

As pertinent to the subject under consideration, we are permitted to state that those devoted and self-sacrificing women, the sisters of the order of St. Vincent, in charge of St. Mary's Hospital, in this city, have consented to open their house to the graduates of the Medical Department of the University, under the guidance of a clinical professor, subject only to such regulations as will occasion no embarrassment to the professor or his class.

Should the Regents of the University be disposed to take advantage of this permission, we presume that the "*clinique*" of the College of Medicine, now "*unworthy the name,*" will be still farther obscured by the appearance, in a more distant horizon, of young men, capable, each in his individual sphere, as a private practitioner, of giving relief "to the thousands of paupers" who now fail, for a similar reason, to seek it at Ann Arbor.

Is there any reason for repining at the prospect of such a state of things, or for deprecating its realization?

FIFTH ANNUAL MEETING OF THE MICH. STATE MED. SOCIETY. In accordance with the resolution of adjournment at the last meeting of this Society, the next annual meeting will be held at the College Building, in Ann Arbor, on Tuesday, March 24th, at 10 P. M.

E. P. CHRISTIAN, *Sec'y.*

NORTH AMERICAN MEDICO-CHIRURICAL REVIEW.—The Medical Examiner, of Philadelphia, has been merged in the Louisville Review, and its title, by reason of its removal to Philadelphia, will be "The North American Medico-Chirurgical Review. It is conducted by Professors Gross and Richardson, and will be published bi-monthly.

SOUTHERN MEDICAL AND SURGICAL JOURNAL.—Doctors L. A. Dugas and H. Rossignol have retired from the editorial charge of this excellent Journal, and will be succeeded by Drs. Henry F. Campbell and Robert Campbell.

HAND BOOK OF ORGANIC CHEMISTRY; for the Use of Students. By WILLIAM GREGORY, M. D., F. R. S. E., Professor, &c. *Fourth American from the Fourth London Edition.* Edited by J. MILTON SANDERS, M. D., L. L. D., Professor of Chemistry in the Eclectic Medical Institute, &c. Published by A. S. BARNES & Co., New York.

This is an improved version of a work already favorably known to the American student of chemistry, the material parts of it having been long familiar to those who have been in the habit of consulting Gregory's edition of Turner's Chemistry.

In the present form it constitutes one of the best authorities on the subject of which it treats. Whilst we take pleasure in bringing this work to the notice of our readers, we cannot withhold an expression of our repugnance to the relation which the American editor of it sustains to an obnoxious institution of medicine in a sister city.

A DISCOURSE; *Introductory to a Course of Clinical Surgery, delivered in the Ampitheatre of the Louisville City Hospital, Nov. 7, 1856.* By JOSHUA B. FLINT, M. D., Professor of Surgery in the University of Louisville.

We are indebted to the kindness of the author for an opportunity of perusing this classical address. Valuable as an historical tract, it is also a beautiful transcript of the mind of the author, who at all times keeps the desire for professional eclat in subordination to that love of his race, which would shield from unnecessary torture the inmate of a poor-house or an hospital. With him the claims of suffering humanity are always paramount to the claims of abstract science. Such conservatism, blended with acknowledged skill, form beautiful models of professional character.

REPORT ON THE USE AND EFFECTS OF A[illegible]S OF NITRATE OF SILVER TO THE THROAT, EITHER IN L[illegible] DISEASE. By HORACE GREEN, M. D., L. L. D., &c., &c. [illegible]an of the Committee.) *From the Transactions of the A[illegible] Medical Association.*

The author will please accept our acknowledgm[illegible] this copy of his report, which has heretofore been noticed a[illegible]e volume of transactions for 1856.

RHODE ISLAND REGISTRATION REPORT FOR 1855. Prepared under the direction of JOHN R. BARTLETT, *Secretary of the State.*

Although the law requiring this duty to be performed, is in some respects defective, the advantages to be obtained by its requirements are becoming obvious to the people. The example of Rhode Island, we have no doubt, will be followed by the other States of the Union. Dr. Mauran is entitled to much praise for the energy with which he has devoted himself to the work of registration in Rhode Island.

THE THERAPEUTICAL POWERS AND PROPERTIES OF VERATRUM VIRIDE, by WESLEY C. NORWOOD, M. D., of Clarkesburg, S. C. *Second Edition.*

This pamphlet contains valuable information in regard to the properties of this powerful agent of the Materia Medica, and reliable directions for its use. It is an agent to be used with great care and discretion, and the author of this pamphlet having devoted much time and attention to the subject, may be esteemed as good authority in regard to the proper directions for its use.

☞ Our readers will observe on another page the announcement of the next meeting of the State Medical Society. We observe that delegates have already been chosen by the N. E. District Medical Society. We hope that other local societies will take measures to be well represented, and we expect to see a larger attendance than on any preceding occasion of the kind. The rail road extension during the past year has opened up facilities of communication with more distant and hitherto excluded portions of the State, which we hope to see represented.

MISCELLANEOUS.

CIRCULAR.—*To Physicians:* Will you be pleased at your earliest convenience to answer the following questions, or any of them, *at length*, if your time permits. Due credit will be given in the respective reports to any gentleman, who may communicate valuable facts:

1. Are you engaged in the practice of obstetrics, and how long?
2. Have you kept a registry of births, or can you, to some extent from memory, state the number of preternatural presentations that

occurred in your practice? Their proportion to natural ones? The mode of treatment? Success in regard to mother and child?

3. Have you employed the cephalic version? How often and with what success?

4. Have you employed Ergot in difficult labor? With what result to mother and child? Is there, in your opinion, a greater proportion of still-born children where it is employed?

5. Have you seen cases of Puerperal Fever, Puerperal Convulsions, Puerperal Mania, Phlegmasia Dolens, Trismus Nascentium, etc.? What were their causes, prodromes, symptoms, treatment and results?

6. How many regular, how many irregular, how many female practitioners are there in your district; how is the practice distributed among these three classes?

7. Are you cognizant of any gross malpraxis, or of cases involving Medico-legal investigation in Midwifery?

8. Remarkable cases, particularly involving new modes of practice.

9. What are the fees in obstectric cases?

10. Have you observed any marked results of the mental operation of the mother on the physical organization of the child?

11. Are there any mineral springs in your neighborhood? What mineral do they contain? Have they successfully, or otherwise, been employed in the cure of disease?

12. Have you employed the microscope on pathological researches and for the purpose of making diagnosis? What form, whose make, with what results?

Permit me, sir, to solicit your early attention to the above queries, and to subscribe myself,

Yours Fraternally,

JOHN G. F. HOLSTON,

Chairman Committee on Obstetrics, Member of Committees on Microscopy and Mineral Waters.

ZANESVILLE, October 1, 1856.

CIRCULAR RESPECTING THE MOST ELIGIBLE SPOT TO PERFORM AMPUTATION OF THE LEG.—With a laudable zeal, the Surgical Society of Paris is collecting facts respecting the above subject, and M. Debout, the editor of the *Bulletin de Therapeutique*, has been entrusted with the task of reporting on the same, and of obtaining from operating surgeons statements with regard to their personal experience. The aim in view is so praiseworthy, that we are induced to insert a portion of the circular for further diffusion. Letters should be sent, prepaid, to M. Debout, Rue Therese, 4, Paris.

"M. Arnal, in his paper on amputation of the leg just above the ankle, has collected 97 cases to show the small amount of mortality of this amputation compared with that a few inches below the knee, or at the inferior third; but as doubts still exist, M. Debout, as reporter, requests all surgeons who have had occasion to perform amputation of the leg just above the ankle to forward to him, as succinctly

as they may wish, the results of these operations. Any further information respecting the results of amputation of the leg, with reference to the most eligible methods, will also be very acceptable, and will be transmitted to another committee, who are to report on the second subject."

As the makers of artificial legs are very anxious to have long stumps to deal with, the questions asked by M. Debout present additional interest.—*London Lancet.*

Treatment of Neuralgia by the Valerianate of Ammonia.—We have prepared an abstract of an interesting translation from the *Revue Med. and Etrangue*, which may be found in a late number of the *Medical Examiner*, as it brings to our notice a new remedy, which may be of value in the treatment of a class of diseases increasing in frequency and oftentimes obstinate in their persistency. According to Dr. Declat, such cases will yield to the influence of the Valerianate of Ammonia, and as proof of his statement he gives the two following cases:

Case 1.—The Marchioness of Fontanelle suffered with facial neuralgia for six years, first appearing as she was cutting a wisdom tooth. Legrand and Jobert (de Lamballe) ordered its extraction, which was done, causing agonizing pain. The neuralgia still continued in spite of every effort of such advisers as Sedillot, Velpeau and Jobert. Quinine, opium, belladonna, strychnia, iron, gold and cinchona were employed, and external applications, as blisters, opium plasters, dulcamara, chloroform, collodion, aconite, &c. Every thing failed. Jobert applied the actual cautery along the course of the inferior maxillary nerve, and after trying the waters of Plombiere with partial, though temporary relief, the Marchioness applies to Dr. Declat.

The first remedy used was Fowler's solution, which was pushed until it produced constitutional symptoms without success. The patient had become almost insane from the agony, when an experiment was made with Valerianate of Ammonia on the third of January. A teaspoonful that night relieved partially, and two teaspoonsful the next day entirely banished pain. The medicine was discontinued May sixth. Occasionally, however, Madame Ferrand has "slight twinges," but resorts to the specific, and always successfully. This lady seems to have hereditary right to neuralgia, her mother having been a great victim to the disease, whilst her brother, the Earl of Essex, has had tic douloureux from his youth.

Case 2.—M. Letellier, who had suffered horribly with pain in the head, extending to the neck, and losing itself on the branches of the facial nerve, was at Plombiere's when taken, and returned to Paris in great agony. Dr. Louis tried blisters, sage, quinine and morphia, without any effect. He used morphia to such excess, as to remain in stupor almost constantly. Dr. Declat administered the Valerianate of Ammonia in drachm doses twice a day. In five days he was up, and in nine days all pain had passed away. He has since stated that his cure was complete.—*Montreal Med. Chronicle.*

THE METHOD OF ADMINISTERING THE VALERIANATE OF AMMONIA.—The attention of the profession has been much attracted by the report of Dr. Declat on the value of Valerianate of Ammonia in neuralgia. These cases, originally published in the *Union Medicale*, have been translated into the American journals, and the consequence is that there is a great demand for the "new remedy."

Dr. Declat's dose was "one teaspoonful," and having neglected to describe the method of administration, many persons, ignorant of its properties, have prescribed a teaspoonful of the *solid salt*, in which dose this chemical is an active poison. The same mistake, according to the *Boston Medical and Surgical Journal*, has occurred in Paris, where an ounce of the salt was ordered to be taken in drachm doses twice daily. The apothecary made a solution of *half a drachm* of the valerianate in an ounce of distilled water, to be administered in drachm doses. The result was satisfactory.

A very pretty preparation of the valerianate was exhibited to us recently by Messrs. Meade & Baker, of this city, being a saturated solution of the salt in distilled water, to be given in doses from fifteen drops to a half teaspoonful.

We hope to report at an early day on the value of this agent.—*Virginia Medical Journal.*

APPLICATION OF ICE TO THE OS UTERI IN CASES OF UTERINE HEMORRHAGE.—Prof. D. W. Brickell, in an article on Placenta Prævia in the November number of the *New Orleans Medical News*, speaks in the following language: "In my intercourse with medical men I have heard the application of ice to the os uteri, in cases of dangerous flooding, condemned as rash, unnecessary and unsafe; but such condemnation has only been expressed by those who have never used it. I can only say, that I have now resorted to the remedy four times—in every instance successfully—and so prompt has been the relief, that I can not help regarding it as a true sheet anchor in such cases. I have never been able to theorize myself into the belief of its dangerous tendencies. It is altogether probable that the continued application of ice to the os or internal surface of the uterus would be productive of serious consequences, but not so with its transient application. We apply ice to the abdomen to arouse the dormant energies of the uterus. In ordinary cases the susceptibility of the uterus to impressions directed through the sentient nerves of the skin is active, and the organ contracts; but in another case, the skin will not serve as a medium of impression, the peril is imminent, and the organ must be reached more directly. There is no time for waiting on ergot, brandy, &c.; the stimulus of the bare hand in the uterine cavity is not sufficient; but a lump of ice carried quickly to or within the os, and in a moment withdrawn, will meet the indication and save life. So far from apprehending danger from its use, I have seen such prompt relief afforded, that I should henceforward be more inclined to rely on the application of ice to the *vagina*, than to the abdomen in ordinary cases of hemorrhage."—*Cincinnati Medical Observer.*

PERCHLORIDE OF IRON AS A HÆMOSTATIC.—A correspondent of the *Moniteur des Hopitaux* (1856, No. 24) states that one of the principal elements of his success in the difficult and dangerous operations M. Maisonneuve is famous for undertaking, is the remarkable use he makes of hæmostatics during their performance. He cites a recent case, occurring in a lad of sixteen, of fungous tumor of the dura mater, the growth of which, after having been temporarily arrested by ligature of the carotid, took on enormous proportions and was accompanied by exhausting hemorrhages. M. Maisonneuve determined upon its removal, but the tumor bled on the slightest contact, and the patient would not be able to bear the slightest loss of blood. The line of incision extended from the anterior parts of the ear to the summit of the head, and descending along the nose, was carried backwards and then upwards to the base of the jaw, and its point of departure. A great number of arteries were thus divided, five or six of which, by reason of their anastomatic enlargements, had acquired almost the size of the radial artery. Intelligent assistants immediately compressed them with the finger, but it was impossible to thus continue the dissection without exposing the patient to the danger of death from syncope. M. Maisonneuve therefore applied to each vessel a little pledget of charpie, soaked in Perchloride of Iron, which was allowed to attach itself to the wound. At every stroke of the bistoury or scissors he applied a new plug, so that during the operation the patient scarcely lost a spoonful of blood; and when the tumor had been entirely removed, the entire surface of the wound was found completely dried and tanned, and was at once dressed, without the necessity of the application of a single ligature. The brown eschar which covered the wound, was detached about the 20th day, without giving rise to any hemorrhage; and although the cure can scarcely be expected to prove radical, the patient for the present is perfectly well.—*Med. Chi. Rev.*

EXTERNAL APPLICATION OF ERGOTIN.—(Translated by Ch. F. J Lehlback, M. D., Newark, N. J.)—Dr. Hoppe, Professor of Basle recommends, in his medical letters, the external use of ergotin. This induced Dr. V. Brenner, at Ischl, to make trials with this remedy, and he obtained satisfactory results. According to Dr. V. Brenner, the character of disease prevailing in that region, at present, is the typhoid, tending to decomposition of the blood. Acute inflammations are seen very rarely, and those that occur have a tendency to assume the typhoid form, so that the abstraction of blood is not only of no avail, but acts injuriously, by diminishing the forces of life very rapidly. This typhoid character, which is prevailing, exercises its influence upon wounds and ulcers. It is very difficult in cases of wounds and ulcers to induce a sufficient amount of reaction, necessary to establish the process of healing. Left to themselves, a long time passes, until suppuration and granulation take place. The same thing is observed after operations. Wounds can almost never be brought to heal by first intention. If, on the fourth day, the dressings are

removed, the wound gapes as before, without a trace of inflammation and suppuration. Under these circumstances, a dressing, as that of ergot, is exceedingly valuable. Under its application the wound or the ulcer soon becomes more lively and clean; it begins to suppurate and granulate; there arise no exuberant granulations, and cicatrization takes a very rapid course. Brenner's usual formula is—

℞.—Axung. porec. ℥j.
Ergotini ℥ss. to ℥ij. M.

With this salve the wound or ulcer is dressed twice a day.

[As a similar, typhoid character is prevalent among us at present, and a similar difficulty of inducing healthy inflammation in wounds and ulcers, the remedy recommended thus by good authority might be worth a trial.]—*N. O. Med. News and Hospital Gaz.*

Considerable Hypospadia; Fecundation.—Dr. Taxel, of Kremsier, (*Weiner Med. Wochenschrift*, 1856,) was lately called upon to decide upon the sex of a child, which presented exactly the same genital malformation as its father. The latter had hitherto been taken for a woman, and sleeping habitually in the same bed with a fellow farm-servant, really of the female sex; the child had been the consequence of that circumstance. The following is the condition of the father:—The penis is shorter than usual, but thicker and imperforate; the scrotum is divided into two sacs, each of which contains a testicle. At the root of the penis, in the anterior commissure of the sacs, there is a foramen, which would admit a small pea, and from that foramen springs a groove, running along the under part of the penis. There is no prepuce. In the groove, and about a line behind the corona, are two elliptical openings, large enough to admit a bristle, and another small hole is observed further back, two lines from the urethral orifice. The author of the paper is inclined to believe that the anterior foramina are the orifices of the ejaculatory ducts, and that by their means fecundation had taken place. Perhaps it would be simpler to look upon them as the openings of the mucous ducts, usually found in this region, and, to conclude that fecundation had taken place at the foramen allowing of the passage of the urine.—*London Lancet.*

Covering Pills with Collodion.—M. Drude recommends that the pills, when rolled, should be well shaken in a box, after having poured a few drops of collodion over them. They become in a few minutes covered with a fine coating of this, which gives them a shiny appearance, and wholly prevents their taste being perceived. They are to be left exposed to the air for a few minutes, in order that the smell of the ether may disappear.—*Med. Times and Gaz.*

Caustic for Cancer.—A new remedy for cancer, in the shape of a caustic, composed of three parts of sulphate of lime, one of chloride of zinc and one of chloride of antimony, is beginning to be very much used.—*Virginia Med. Journal.*

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ORIGINAL COMMUNICATIONS.

ARTICLE I.

Analysis of Testimony in the Case of People vs. Lapham, in the Circuit Court, Macomb Co., October Term.

Read before the North-Eastern District Medical Society by HENRY TAYLOR, M.D.

We feel compelled by a sentiment of regard for the North-Eastern District Medical Society, to which was read the comments of Dr. Taylor on the article published by Dr. A. R. Terry, in the *Medical Independent*, in which the testimony of the former gentleman, in the case of the People vs. Lapham, was reviewed, to relax a rule heretofore prescribed for ourselves, by which we have excluded from our columns all communications containing expressions personal in their nature or application. Our duty to Dr. Taylor we think also requires this of us, who asks it as a means of self-defence, he feeling that his professional character has been wounded by the article of Dr. Terry already alluded to.

In deciding to admit this extract from the records of that Society, we wish to have it understood that it is not our design to become parties to the matters at issue between the gentlemen most intimately connected with the subject under discussion. With this explanation, we publish the following abstract of the testimony in the case cited above and the remarks of Dr. Taylor made in connection therewith.

EDITORS.

CONDENSED TESTIMONY.

William Hart (a German speaking English but little).—My mother keeps a grocery in this place. James Warner (deceased) and David Lapham (accused) were there in September last, about the 22d. Warner and Lapham got talking together at the show case. Lapham put his hand on his (Warner's) shoulder and jerked him down and put his foot on him. At this time I was behind the counter, and they were on the other side. Warner appeared to be intoxicated.

CROSS EX.—I think this was between two and three o'clock in the afternoon. I think Lapham jerked Warner down sideways. Cannot tell exactly how he put his foot on him. Could not see. I think Warner got up in two or three minutes.

John B. Furton, Jr.—Saw the affray spoken of by previous witness. Lapham jerked Warner down on to his right side. I saw him kick him two or three times. Warner fell with his back towards Lapham. Warner "kind of wrinkled" up when he was kicked. Did not move otherwise. He got up in two or three minutes. After Warner got up, the crowd commenced playing "push." Somebody pushed Lapham against Warner who fell, and Lapham "kind of drew himself back and threw himself on Warner with his knees." Warner lay on his right side. Lapham's knees struck him on the left side about the armpit. It might be a little lower. Warner lay there two or three minutes. He got up with blood running out of his nose. This was between 3 and 4 P. M. Saw Warner at McCaffrey's grocery, about a half or three quarters of an hour after the affray at Hart's.

CROSS EX.—It might have been as long as three-fourths or an hour after the affray at Hart's, before I saw Warner at McCaffrey's. I think now it was from three-fourths to an hour. It *might* have been a half hour after Lapham jerked Warner down before he was pushed against him. When Lapham kicked Warner, I cannot say whether he hit him with his toe or heel. Lapham had on either boots or shoes.

Alexander O. S. Moser.—Saw the affray spoken of. Cannot tell the exact day of the month. (Witness, after describing some conversation that passed between Warner and one Kennworthy, says:) Warner came to where I was sitting, and made some remarks, then passed on to where Lapham was sitting on a barrel, and made some remarks. Cannot state what they were. Then he passed into the crowd, and Lapham turned to us and said: "Warner had been fool-

ing around sometime to get something, and now he was going to get it." The next I saw of Warner, he was lying on the floor. I saw Lapham raise his foot and kick at him three times, and raise his foot the fourth time, but he desisted upon my holloaing to him "hold on Dave." Lapham stood near enough to hit him, and his foot was directed at the body. I next saw Warner under the stairs of the Foolson building (near McCaffrey's). "He kind of snuffled as he breathed. His nose was filled with thick and clotted blood." Dr. Hewitt came and gave him some medicine. I helped carry him (Warner) to Derosher's barn, and laid him on the hay. I next saw him about half past six o'clock the next morning in the same place and position with a bed-quilt over him. He was more lively than the night before.

Cross Ex.—Cannot tell how Warner came upon the floor at Hart's. His face was from me. He was between me and Lapham, so I could not see whether Lapham hit him or not. His foot was directed at the body between the head and hips. Cannot tell the exact time this occurred. No one directed us to put Warner in Derosher's barn. When we did so, he (Warner) "appeared as though he was drunk."

Jacob N. Robinson.—Saw a portion of the affray spoken of. When I first went in, Warner lay upon the floor on his right side, back towards the door. Lapham was on the other side of the man. I saw Lapham stamp him. He stamped directly down on to the man's body. Warner appeared perfectly senseless. Cannot tell exactly where Lapham hit him.

Cross Ex.—Did not see Warner get up. Saw him about 10 minutes afterwards at Robinson's grocery (next door), and had some conversation with him.

John Crandle.—At the time of the affray spoken of, I stepped into Hart's just as Lapham was in the act of stamping a man lying on the floor on his right side, with his back towards the door. His foot was directed at the body between the head and hips.

Cross Ex.—I was in there, in all about five minutes. The man got up in two or three minutes after I went in. This was between two or three o'clock P. M.

Jos. Herriman.—This witness went in the grocery about the same time that Crandle did, and swears to the same facts, but upon cross examination puts the time at about 4 o'clock, and thinks somebody helped Warner up.

Frederick Hatch.—(Witness called into Hart's soon after previous witness.) As I was going in, heard some tell Lapham not to kick him again. Cannot tell who it was. Lapham held up his thumbs and said: "See my two thumbs that that damned scoundrel bit, and laid me up for two months; the damned scoundrel ought to die, and I'll kick his damned guts out." Warner lay upon the floor perfectly still and motionless. Did not move while I was there. Was there but a moment or two.

Cross Ex.—Jacob Robinson went in just ahead of me. Told Lapham not to kick the man while down; saw Warner again by McCaffrey's about an hour and a half afterwards.

Francis Deroshers.—Knew Warner while living; saw him the day of the affray spoken of, about 10 o'clock A. M. He appeared "well enough." Was not intoxicated at that time. Saw him again about 2 o'clock P. M. He came into my grocery. I thought he was then "a little in liquor." I saw him again about 9 o'clock P. M. lying in my barn on the hay. "He appeared sick or hurt. He breathed rather short—had some difficulty in breathing." "His countenance appeared pretty bad. I discovered bloody matter coming out of his nose." I saw him again about day-light the next morning. I spoke to him, asked him how he felt, if he wanted anything, and tried to get him up to walk around a little. He said: "For God's sake, Frank, let me alone," and wanted something to drink. I saw him quite often during the day. The last time I saw him, Lapham and Mr. Snay were taking him away. As they took him from the barn to the buggy, he kind of bent forward. I think that in the buggy they held him on their laps. He was a good sized man.

Cross Ex.—I think each one of them was on one side with one of their arms around him when they took him to the buggy. His head was bent forward. This barn in which he was lying is enclosed. He had a slight bruise on the cheek bone.

Re-Ex.—When they took him to the buggy, his (Warner's) body as well as his head was bent forward.

Jessie Warner.—Am a brother of James Warner (deceased). Saw him the day he was brought home and on the Saturday before. Saturday, and previous to that day his health had been good. He stood about six feet in height, and his common weight was about 180 pounds. I saw him first, when Thomas Snay brought him home on Tuesday, about six rods north of my house, about 4 o'cock P. M.

He was in the buggy. He was leaning forward, and had his right hand on his left breast toward his side. I saw him again in the house with his boots off, sitting in a chair, leaning forward. He sat up but a short time, then went to bed. He did not complain a great deal until the next day, but complained some after he got to bed, about his side and breast. "He breathed as though he was kind of choked up in his breathing." He seemed worse next morning and was rather restless. When he complained at all, his complaints were of his breast and side. In the afternoon, he seemed to grow worse fast. I asked him how he felt, about 3 o'clock P. M. He said "he felt much worse," and asked me to go for a Doctor or send for one. I sent for one as soon as possible. He continued to grow worse. His breathing continued to trouble him until he died. He died about 4 o'clock Thursday morning. His last words were a complaint of his side and breast. I did not hear him complain of anything else. There was some blood and matter came from him before he died a short time. My brother was both a cooper and carpenter. I saw him at work getting out staves the Saturday before he died. He cut down a large oak tree, bolted up some of it and made staves. He at that time was able to do a good day's work at any hard labor. He was stronger and had a better constitution than the generality of men. He did not speak for five or six hours before he died. He did not motion for any thing after he ceased speaking. He moved only as if in pain. His eyes were dim, did not appear to be very bright at any time after he got home. As long as he had the power of speech, he was conscious and knew every one around. He was about 30 year of age.

Cross Ex.—Do not know of my brother's having a cold before he was brought home. After this he coughed a little. Had a dull hacking cough. His breathing was unnatural, sometimes quick, sometimes slow. He acted more lively when he breathed quick. When he spoke, it was only in short, quick sentences. He did not appear to wander. I do not know of his complaining of anything but his breast and side to any one. He had a little bruise back of the eye. For an hour before he died, his breathing was a kind of a rattling. He seemed to die very easy. He did not throw his hands about a great deal, but did some. I testified before Esquire Hatch that he (the deceased) was not light-headed.

Reuben Wilson.—Heard Lapham say last February before Derosher's grocery that *if Warner came down here and got drunk, he*

would whip him to death, and if (he witness) was with him, he would share the same fate.

Dennis McCaffrey.—Saw James Warner the day of the affray, first about 9 A. M., next about 2 P. M., and again about 5 o'clock P. M. The last time I saw him, he came into my grocery and was under the influence of liquor.

James Goodale.—Saw Warner the day of the affray about one P. M. He was a little intoxicated. This was on the corner of the square. Saw him again about 9 P. M. lying near McCaffrey's grocery, again the next day about 2, in Derosher's barn lying on the hay on his side groaning. I spoke to him and said: "Holloa, Jim, what are you doing here? Are you hurt much and where?" He said: "I am hurt all over." I asked him where he was hurt the most. He said "in my side and back." Did not say which side. I asked him if he had eaten anything or drank. He said "no." I asked if he was able to ride home. He did not reply, but said he "wanted a drink of water." Afterwards he said: "I think after I lie here an hour longer, I will be able to ride home.

CROSS EX.—When I saw him lying near McCaffrey's, he was breathing hard. I can only compare it to a hog after he has been stuck. On the day he breathed longer, but not so loud.

Jessie Warner, recalled.—My brother died in the town of Clinton, County of Macomb.

Mr. President:—

Allow me for a few moments to call the attention of this Association to a medico-legal examination which took place in the Circuit Court in Macomb county, at the October term. I allude to a case of the People vs. David Lapham, indicted for murder of James Warner.

I enter upon this task with no ordinary degree of feeling—first, because it exposes a wide and almost reprehensible difference of opinion between medical men, and secondly, because the agitation of the matter may tend to awaken sympathies of innocent friends, or arouse the malice and hatred of vicious offenders, which otherwise might go on to an oblivious sleep. But to correct a false and ungenerous impression, that is attempted to be made through the *Independent*, a medical journal published in Detroit, is my only apology for placing the facts before the public.

It may be necessary in order to convey to your mind the basis of this case, to present some of the testimony of two or three witnesses, which may serve to convey in the shortest manner the nature of the case.

A. C. Hewitt, Sworn.—Says he saw the man, Warner, lying near McCaffrey's on Monday. He was in a half sitting posture, held up by one or two individuals, his head oscillating one way. Is a practicing physician. My first impression was, on seeing him, that he was awfully drunk. I stepped up and pushed his head back, and saw some blood oozing from his nose or mouth; can not tell which. It was dark, and they had nothing but a candle, and that was in the wind. My second impression was that the blood was from a rupture of a blood-vessel in his lung, and the blood was coming from his mouth. There was a gurgling in the throat. I then examined him more closely and felt of his pulse; found none. Felt along up the arm, but found none until I came to the armpit; then found a faint flutter. I then came to the conclusion, as a third impression, that there could not be any rupture of a blood-vessel in the lungs, that is not a large one. I made up my mind then, that he was so much intoxicated, that the brain was so much impaired that respiration could not go vigorously on. I thought he was dying. I remarked that the man could not be so long without dying. I asked if he could swallow. I then went into McCaffrey's, prepared some medicine and gave him. He strangled some. This was my last impression, that he was drunk.

Cross Ex.—I was there but about from ten to twenty minutes; I think about twenty minutes. I was puzzled somewhat. I could not make a diagnosis, had not seen him enough. There was not a profuse flow of blood from his mouth, merely a show of blood; some of it had drippled down on his shirt. I think my attention was called to the head by Mr. Lapham, to see if I could find any bruises. The last impression I had was that intoxication was the most prominent cause of his situation. I think that Lapham called.

Dr. Henry Taylor.—I am, and have been a practicing physician for something more than thirty years. In September last was called upon by yourself (Prosecuting Attorney) to make a post-mortem examination of the body of James Warner deceased. It was upon a Thursday. I found the body in a lower room of a log-house owned by Jesse Warner, and laid out upon a board and covered with a sheet. Upon examining the body externally, I found first some marks upon the face and on each temple, and a slight bruise and puffing on the back part of the head. Am not positive that the skin was broken,

the bruises on the temples were not materially puffed up. I then examined the chest externally, as well as other portions of the body. I found some marks or bruises about the left side; they were little cuts or abrasions of the skin, little punctures. There were quite a number of them covering a considerable portion of the side, extending from the armpit down to the lowest true rib. I discovered on the sternum more of these marks, a group of them on the lower portion and one on the upper. By a group I mean a kind of half-circle formed by these little punctures. On the side some two or three of these half-circles run or cut into each other. The skin was around them a little depressed; the marks on the sternum were similar, the one on the upper portion less marked. The skin where those little punctures were, was perforated as with a small, obtuse, blunt point. Some of them were cut out as by a sort of glancing blow. I discovered no other marks on the body. I then raised the sternum and exposed the contents of the thorax. The lungs first attracted my attention, and here I discovered opposite the bruise spoken of on the left side, a puffing or an ecchymosis, a large tumor corresponding with the external bruises. The left lung was considerably tumefied; the portion opposite the external bruises presented more of the tumefied appearance; it was very much enlarged and considerably congested. The right lung was less so. The other organs, the heart, &c., presented less of diseased appearance—I mean all the organs of the cavity of the thorax. I made several incisions in the substance of the lungs. I put a large piece of the left lung into water; it sank down near a level with the surface of the water. I also put a piece of the right lung to the water test; it sank less than the left. The left lung sank rather more than two thirds, and the right lung sank rather more than one third. The air-cells of the lungs had become obliterated or hepatized, the left more than the right, the lower portion of the right lung less than the rest. Did not test it in water, but judged so from ocular observation. The whole surface of the lungs together with the pleura took upon themselves the appearance of inflammation. At a subsequent time I examined the brain.

QUESTION: Did you make a thorough examination of the brain, and was there anything in its appearance that would account for the death?

ANSWER: I did examine it carefully and discovered nothing worthy of description. From these two examinations I came to the conclusion that the deceased came to his death by injuries to the lungs

made externally through the side and breast. This is the opinion I formed then, and I have not been able at any time to collect facts that would lead me to any other conclusion.

Cross Ex.—At what time was the post-mortem examination alluded to, made?

On Thursday evening, by candle-light. Day-light is more favorable for examinations than candle-light. I raised the sternum or breast-bone upwards over the face; this exposed the cavity of the thorax. I discovered no fracture of the ribs. The heel of a boot would describe the shape of these semi-circles. There were three, I think, on the left side; these punctures might be made by the end of your pencil. There were a number of other abrasions about the left side, besides the groups. There may have been twenty or more outside of the circles; they were little punctures. There were several lighter abrasions, looked as though made by a distinct effort. I examined the shoulder, but discovered no mark that attracted my attention. I found a little puffing on the back of the head. The skin may have been broken; cannot say that it was. Cannot tell whether made by a blow, it might have been by falling. I took out the heart; it had somewhat of a congested appearance, somewhat enlarged. Did not examine the liver or bowels. There was a sort of bloody infiltration of the pleura on the left side. The swelling showed itself between the lung and pleura. The pleura seemed distended from the rib. After taking out the lung, I noticed the puffing of the pleura. My son first called my attention to it. It was the middle portion of the left lung that was submitted to water test, and a corresponding portion of the right lung was tested. Hepatization means becoming like liver. I don't mean to use this term in its unlimited sense; I only make use of it to convey the idea to the Jury of its bloody and congested appearance, having more of the appearance of the liver than that of the lungs. I put the lung into water, to test its ability to perform its function, and to judge the amount of sanguineous infiltration. The process of hepatization may be quick or slow; it may take place in four or five days, or it may require a longer or shorter time. There was slight inflammation of the pleura and lungs. There was adhesion of both lungs to the costal pleuræ, not very firm. This adhesive substance was not hard. There were some fibers that connected the lungs to the pleura. There was an attachment, not a firm one, of the pleura to the side of the chest. It required no great force to tear it away. I consider this the effect of recent inflammation. The pleura is composed of a pulmonary and

costal portion. There was an attachment of the lung to the pleura, and of the pleura to the side of the thorax. Can fix no time in which this attachment could take place. I did not think there was inflammation enough to cause death. I ascribed the death to congestion and not to inflammation. I made no examination of the brain at this time.

The body was disinterred the first day of October. I was not present at the disinterment. I removed the upper portion of the cranium. My son took it off. I discovered some extravasated blood in little patches between the membranes of the brain, between the dura mater and pia mater. I dissected away the dura mater. I did not dissect away the pia mater; it is a difficult matter to dissect it away. There is another membrane, called the arachnoid, between the dura and pia mater, The blood was between the arachnoid and dura mater. I made incisions into the brain, in order to expose the different portions of the brain and to discover if any coagulated or extravasated blood could be found, or any other diseased appearance. Do not know that I did take out all the brain; am not confident that I did not. I made incisions down through the whole brain. I examined the cerebellum and made incisions in it. The whole upper portion or cerebrum was taken away, so as to expose the cerebellum and base of the brain. There was not, I think, a half teaspoon-full of extravasated blood in any one spot. I think, this would comprise the whole quantity, and this between the membranes of the brain as before described. My incisions were both perpendicular and transverse. I cannot say positively that I sliced off portions of the brain; it is my impression, I did.

RE-EXAMINED.—There was an adhesion of both lungs to the sides. In some organs this adhesion might take a week to become so; it might take a week or ten days. The first process is to throw off coagulable lymph; this might become membrane. Twenty-four or forty-eight hours might have been required to form the adhesion I speak of; it might take a longer time. Anything might occasion adhesion that would excite an inflammatory action.

A. R. Terry, Sworn.—I am a practising physician, and have been so for near twenty-four years. I have made quite a large number of post-mortem examinations, have from one to ten every year. I heard Dr. Taylor's testimony, also Jesse Warner's, Mr. Deat's and Mr. McCaffrey's testimonies. Candle-light is not so favorable to make post-mortem examinations, as day-light; yet do not think that it would invalidate an examination.

In regard to the anatomical description of Dr. Taylor, I did not see in that state of the lungs anything that would cause death. One reason, correct reason, why I saw nothing to account for death, was that the lungs floated in water, and because the adhesion spoken of could not take place within the time allotted for it; the absence of violent coughing is an evidence of their not being a very extensive pleuritis. Referring to the testimony of Jesse Warner, my impression was that there was some compression, either from pressure or paralysis from external concussion, from his partial insensibility and stupor after he was first carried home, and the total insensibility in the last eight or ten hours of his life. I consider that his brain was badly implicated. I would state that without taking out the whole brain, it is impossible to determine whether or not there was an impression perhaps from coagulation which might occasion pressure. To illustrate I will relate a case of a negro pauper who was found dead, and on examination there was more than a pint of coagulated blood resting on the brain, and the skull was not broken. Heard the testimony of Hewitt and Deroshers. The testimony of Hewitt would, in connection with the blow, lead to the impression that there was a paralysis of the brain. I can only account for his death by a paralysis of the brain. See nothing in the examination of the lungs, as described by Taylor, that would account for his death. I have no doubt that he came to his death by reason of injuries done to the brain.

What is more probable, than that his state of deep intoxication would render him indifferent to pain, while thus excited? And add to this his mental excitement. He had been met and overcome by his most hated enemy, taken altogether by surprise and wholly unprovoked. His keen sense of pride as a "bully" was touched, and he thirsted for revenge. Do not these combined causes account for indifference to his wounds? And, while thus mentally excited, would he not bear up under a larger quantity of stimulating drink, and when pushed or knocked down, the slightest concussion, added to the drunkenness, would tend to the great prostration spoken of by witness Hewitt. And again, his exposure to the cold open air, unprotected by sufficient covering, would tend to arrest the flow of blood to the surface and turn it to the larger cavities of the body. And suppose the blow upon the head to have been serious and sufficient to produce the effect ascribed by Terry, would he, while thus cold and shivering, be likely to arouse to perfect consciousness as from a quiet sleep? Is this probable from a wound of the brain that would cause death in

about sixty hours from the time of its infliction, and that he would remain conscious until the very last hours of death, as did the deceased? Who ever heard of such an instance? Can the learned Doctor, with his boasted experience of from one to ten post-mortems a year, give us any better evidence than his own, of the existence of a parallel case? Until he does, we may distrust his truthfulness, when he said he had no doubt of a blow upon the head being the cause of death. We will submit the two theories to the test of a moment's reflection, and then ask which is the most probable? Whether lying out in the open air during a very cold night, unprotected by sufficient clothing, would not be more likely to render an injured lung worse, than that the wounded brain should appear better.

You will recollect that the Doctor took for the basis of his hypothesis the statement of the witnesses Hewitt and Warner. Hewitt saw deceased, and was with him from ten to twelve minutes, during which time he formed three separate and distinct conclusions. All by a feeble candle fluttering in the wind!!! He says: the first was that he was awfully drunk. The second was from seeing blood ooze from his mouth, and perceiving a gurgling in his throat that there was a rupture of a blood vessel in the lungs. He closely examined for the pulse, found none, examined higher up the arm, found none, examined up as high as the arm-pit, and there found a faint fluttering. He says he then came to the third conclusion, that there was no rupture. Gave him some medicine, and formed the opinion that he was *very* drunk, so much so, that respiration could not go vigorously on. He strangled from the medicine, and I came to another and last impression that he was drunk. Dr. Terry bases his opinion on the several conclusions of Hewitt. Five, if I count right. Three that he was badly drunk, one that there was a rupture of a blood vessel of the lungs, and one that there was not. Thus constituting five conclusions agreeably to my counting. He intimates, as I judge, an inclination to abandon these last two, and substitute in there, places another which is that he was shocking drunk!! And, Mr. President, I submit if it would not be praise-worthy charity to suppose that the learned Doctor was himself badly drunk, as excuse for basing his opinion on these drunken conclusions. That the deceased at the time was drunk, there's no shadow of doubt. All who saw him pronounced him so. Every action goes to confirm this conclusion. The manner of his tumbling down was that of one drunk. His return to consciousness after sleep proves that he was drunk. Every appearance of the man can consistently be accounted for on this supposition

alone. And how can the learned Doctor, from his renowned knowledge of drunkenness, his personal experience of its effects come to any other conclusion.

Cross Ex.—I referred Hewitt to a case in the books where a criminal escaped Justice from imperfect *post-mortem* examination.

The statement of Jesse Warner that the deceased only complained of his side and back, I did not take into consideration as a part of the basis on which I formed my opinion, because *I considered it trivial.*

Intoxication would increase the violence very much, of the symptoms. Slow and stertorous breathing is one of the symptoms of a paralysis; generally it attends. Paid very little attention to the testimony about the affray at Harts. The blows on the chest as described by witnesses would affect the man as described by Taylor, according to the violence of the blows, he would be insensible. If he was insensible, I should think the blows very violent. It might suspend respiration. If it should produce inflammation of the pleura, he would have a cough with mucous bloody expectoration, or abcess. I have never seen an inflammation of the lung or pleura unattended by cough. I cannot say that it is impossible. The inflammation of the pleura might not be attended with cough. When all the air cells are obliterated, respiration could not go on. I understood Dr. Taylor to say that the inflammation of the lung was slight, more inflammation of the pleura. I could not from his description judge the extent of the inflammation. If the air cells were destroyed, death would ensue. I understood Taylor to say that a portion of the lung sank two thirds. Healthy liver sinks nearly all under water. Cannot tell how far. I think that, if the lungs were as much congested as described by Taylor, the man could not live. Don't think it possible that the man could have lived long enough for them to become so. I never have seen a case of immediate death from injury to the lungs. A blow that would affect the pleura or could be traced through to the lung, might kill or not. A blow that would fracture the skull, is more apt to prove fatal than when the skull is not fractured. I have never seen a case which from a blow with the hand or fall on the ground thus occasioned, has proved fatal. I have never seen a case where a man was struck with a fist, that proved fatal. It would require a very hard blow. I think I can form a safe opinion from the symptoms and *post-mortem* examination, one I am willing to abide by. I could not judge as well as the man who made

the examination. I think that one could judge from a description of a *post-mortem* examination. Intoxication would render a man less sensitive to pain. It would not be impossible for a man after being shot through the lungs, to walk and live two or three days. Inflammation takes place sometimes quicker and sometimes slower. The adhesions as described by Taylor might have taken place. When two-thirds of the air cells of the lungs are congested, the man might die. A man would die, although all the air cells were not obliterated. The lungs might be injured without the ribs being broken.

This to you, gentlemen, may all appear consistent and plain, but to me it does not. Dr. Terry believes and has not a doubt that the deceased Warner came to his death by reason of a blow upon the head, inflicted by the hand or by a fall. Does the testimony bear him out in this opinion? Laying aside the autopsy of the brain altogether, where do we see evidence of disease of the brain? Will he urge that the deceased complained of pain of the head soon after he awoke from his sleep? Did he not more frequently at that time complain of pain in the side and back? And is it probable that if the injury to the head had been so violent as to produce death in so short a time, that he would have been conscious of pain in the head, back, or side. The Doctor says the blow produced paralysis; of this paralysis he died in some sixty hours. We fully understand paralysis to mean insensibility; is pain an evidence of insensibility? He complained of being hurt all over, he was pained all over. Was he paralyzed all over? Paralysis implies a loss of the power of motion. The deceased walked to the buggy and rode six miles sitting upon the seats. After riding this distance, he sat in a chair, pulled off his boots, and helped himself up a ladder to his bed in an upper room, and this in some twenty-four hours after the fatal paralysis took place (if it were paralysis). The testimony clearly shows that he was fully conscious, had the entire use of his reason from Tuesday morning up to late Wednesday evening, and within some four or eight hours previous to his death. Do these facts harmonize with the history or observation of paralysis, or any other disease of the brain? Add to this that the respiration for the most of the time was quick and hurried, as appears by all the proofs, and then, with no more evidence than appears in proof, will he clearly account for lesion of the brain? If loss of sensation and motion constitutes paralysis, then we concede to the Doctor that the eight or ten hours

from Monday evening to Tuesday morning, and the four or six hours from Wednesday evening to Thursday morning when he died, that the difficulty was paralysis. But we will contend that the first was clearly from drunkenness, the last as clearly from loss of function of the lungs, and gentlemen, compare the evidence here given (and it is all that was given) with those symptoms by which we are wont, to diagnosticate paralysis, pressure, or any other immediately fatal disease of the brain, and judge whether they clearly point out any such difficulty. But there was an examination of the brain, a full and careful examination. After the first dissection, I learned that more than one was implicated in this bloody tragedy. At first, I had no hint of more than one, I conceived it only necessary to find whether from that beating, the deceased received his death, and when found, I was satisfied of having done my whole duty. Had I supposed at that time that more than one had been concerned, I should have thought as you think; but, having no knowledge or mistrust of it, and finding what I was looking for, and seeing full and satisfactory proofs, I acted as I think you would have acted under the same circumstances. I acted in the same spirit of frankness in the last as in the first examination, and had I found anything abnormal, I should have exposed it as readily as in the first. But finding nothing, I could describe nothing. The charge as made in the *Independant*, that the ventricles of the brain were not examined, is false.

The Doctor can see nothing in the anatomical appearance of the lungs that would occasion death. He says: "One reason, correct reason, why I saw nothing to account for death, was that the lungs floated in water, and because the adhesion spoken of could not take place within the time allowed for it." The Doctor thinks that liver does not entirely sink. Can a lung, half as heavy as healthy liver, perform the function of a lung? The proof shows that the lungs sank more than half its bulk in water. Blood is but little heavier than water, therefore it would require that more than half of the air cells must be congested to sink the rest that deep, consequently those cells that contained air would serve to bring up the congested ones. The Doctor admits that if two-thirds of the air cells were congested, a man might die, (and we think very probably he would), and thus you see his "one and correct reason" by his own admission exploded. Another reason, he says, is, that adhesion could not take place in the time allowed for it. Why all this circumlocution? He distinctly understood me to say that I did not charge the death to inflammation, but to congestion. Yet the adhesions existed

as described. I said that I accounted for it on the principle of recent inflammation, but if otherwise, it matters not, in as much as I did not class it among the causes of death. But that it existed, is a matter of fact, and not of opinion. The Doctor says it could not take place so soon. Will he inform us how soon organic matter may be thrown out, and what degree of inflammation is necessary to produce it? We understand it to be one of the first processes of inflammation to throw off this lymph. How long did it take the membrane to form in the instance related by Beck, of the girl who swallowed the corrosive sublimate that was so soon secured in a membrane, that although a large quantity yet it did not affect her, but she lived some years after. In my description of this adhesive substance spoken of, I represented it plainly to be an imperfectly organized substance, barely sufficient to afford a slight resistance. I stated that it was not firm, that it was easily separated. Is the learned Doctor prepared to state the shortest possible time for this to take place? If so, he will confer upon us all a distinguished favor, and one that we have searched the books for in vain. All that I can gain from this course is, that to throw off this plastic substance, may be the first process of inflammation, and that it becomes dense in proportion to the time from which it is thrown off, and then leaves me in the dark, by only saying that it may be done in a remarkably short space of time, and here I beg to correct a misstatement or wanton perversion that appears in the *Independent*. The writer says that—I admitted that in the use of Hepatization, I used the wrong term. I made no such admission. I said that I used the term in a limited sense and to represent the lungs to appear like liver. Will he say that I was wrong without this qualification? The books define hepatization to be a conversion of the lungs into a liver-like substance, and is applied to them where gorged with plastic matter, hepatization then would characterize the first stage of consolidation from inflammation. I had represented a substance which I called plastic matter, in describing the morbid condition of the pleura, and is it not rational to suppose that the same pervaded the lungs, when, in the language of authors, it may take place in a remarkably short period of time, and the courteous gentleman himself on cross examination admits that it might have taken place as described within the pleura. If then, it is possible, as he admits it to be, to take place in the pleura in the time allowed, why not in the lungs? Cannot the Doctor himself see to what extent he has stretched his ears? to see nothing of truth, when he declares that

he can see nothing in the description, as given, that could account for death? The absence of violent cough he urges, influenced him in this conclusion. It shows the absence of extensive pleuritis; yet he was told that pleuritis was slight. If pleuritis was slight, according to his own logic, cough would also be slight, and it was proved by witness Warner to have been so. But how will the Doctor account for this cough on his hypothesis of cerebral paralysis? He properly admits, however, that extensive congestion would probably prevent violent coughing. These objections then, to death from injury to the lungs, by his own admission, to my mind, are clearly disposed of. He says that he bases his conclusions upon the testimony of Hewitt and Warner. What says Warner that will illuminate this dark subject? Warner saw the deceased Tuesday, about four P. M., in a buggy, and leaning forwards with his right hand on his left breast near the side. Saw him again in the house with his boots off, sitting in a chair, leaning forwards. Did not complain a great deal until the next day. Complained some after getting in bed about his side and breast. He breathed as though he was choked up in his breathing. Had some cough, a kind of dry hacking cough. He seemed worse next morning, and was rather restless. When he complained at all, his complaints were of his side and breast. In the afternoon, he seemed to grow worse fast. I asked him how he felt about 3 o'clock P. M. He said he felt much worse, and asked for a Doctor. He continued to grow worse. His breathing continued to trouble him until he died. He died about four the next morning. His last words were: complaints of his side and breast. I did not hear him complain of anything else. There was some blood and matter came from him. These, gentlemen, are the symptoms as related by Warner, and all of them. And Dr. Terry says that he based his conclusions of the disease of the brain upon these symptoms. Can you, sir, see one symptom of this entire catalogue as given by Warner, by which to diagnosticate paralysis of the brain? But on the contrary, can we not claim every one, as consistent with the difficulty described, by the *post-mortem* examination? Is the man who would force these absurdities upon us crazed? or does he think to make fools of us? or was he drunk? He says he referred Hewitt to the books where a criminal escaped justice from imperfect examination, and has he not here given another example of escape from justice through a different but more vile cause? I leave this matter with you, gentlemen. If I am right, I shall obtain your approval without solicitation; if wrong, confiding in the righteousness of your decision, I shall willingly submit to your disposal.

ARTICLE II.

Report of Operations Preceded by Rail Road Injuries.

BY WM. BRODIE, M. D.

On the 11th of December 1856, I was requested to meet Dr. Dewson, of Windsor, C. W., in consultation, and if deemed advisable, to assist him in the amputation of the leg of Mr. S., who had received a severe injury of the foot and ankle joint. Mr. S. was a watchman in the employ of the Great Western Railway in Windsor, and during the preceding evening, while engaged in rendering some assistance in the engine-house, accidentally got his foot between the spokes of a driving wheel of an engine while in motion, and before he could remove it, it was carried against the driving shaft, fracturing the astragalus in several places, lacerating the soft parts on the outer side of the foot, and dislocating both the tibia and fibula, so that both malleoli showed themselves through the wound, and the sole of the foot turned upwards.

In this condition he was seen by Dr. Dewson, who replaced the parts as near as possible, for the comfort of the patient who was then removed to his bed. An anodyne was administered, and as there was but little hemorrhage, he thought it best to let it remain till morning, as it was then very late. In this latter condition I found the patient. I examined the injury with my finger which I found could be carried entirely across the foot, only the integument of the inner side of the foot preventing it passing through. At this time a portion of the astragalus was removed by the finger.

At the time of the accident, the patient was in general good health, and though the anterior tibial artery was not injured, yet from the extent of the lesion we recommended the amputation of the foot. At this determination the friends and the patient himself demurred, and as he wished to be taken to his home in Detroit, we yielded in order to have the opinion of Dr. Pitcher. On reaching his home, Dr. Pitcher was called in to see him, and recommended the policy of waiting a little while, in order to see whether reparation was possible, at the same time giving the patient and friends but little hope, save in an ultimate amputation. A warm yeast poultice was applied to the wound, (the parts being placed as natural as could be,) and quinine and opium administered internally. The result was then awaited.

The wound commenced dsicharging a healthy looking pus until the fifth day when the patient had a slight chill and an aggravation of

the pain. Upon examination it was found that erysipelas had attacked the parts. But little discharge now flowed from the wound, but the opposite side of the foot, ankle and leg became more swollen. The patient was put freely on tonics, stimulants and opiates. The following day the swelling was opened and a free discharge of fetid pus escaped. The patient began to decline, and as an operation was entirely out of the question in his present circumstances, we had to await the subsidence of the erysipelas.

On the 16th day he was again seen by Dr. Pitcher who informed the family that Dr. Dewson and myself had done all for the patient we could, short of amputation. It was determined then that the operation should take place the day but one following. At that time therefore, assisted by Dr. Pitcher, who gave the chloroform, Dr. Dewson and Dr. Case, I amputated the leg by the circular plan about four inches below the border of the patella, in order that should he recover, he could wear a common wooden leg without the inconvenience of a long stump standing out behind.

Every thing went on well until the sixth day, when a small blister, the size of a pea, showed itself over the upper border of the stump of the tibia; this ulcerated out and showed the bone. This was then covered by some adhesive plaster, and every thing went on well. By the end of January every point had healed, excepting the ulcerated point above mentioned. On the 10th of this month I removed with a small pair of forceps the denuded point of bone which had then become separated, and now all is entirely healed. I should have stated that Dr. Dewson attended the case throughout the entire course of treatment.

During the operation the patient lost a good deal of venous blood, probably owing to its extreme thinness; and also after the dressings were put on, it continued to ooze for nearly twelve hours.

The interest of the case consists in the confirmation by its results of the correctness of the opinions first arrived at, viz, that primary amputation should have been resorted to; 2d, it proved the strength of the constitution of Mr. S., otherwise he would have sunk under the long continued and severe discharge which he was subjected to before the secondary amputation could be performed.

It is, I believe, generally conceded by most surgeons that recoveries are the exceptions when amputation has been submitted to, as a result of a rail road injury. At the time of the sad collision which took place near Baptiste Creek on the Great Western Railway, a few years since, primary amputation was found necessary in four cases. One

of them, a small lad, was operated on by Dr. Donolly, of Chatham. In this case the leg was crushed about the middle. The operation was dexterously performed, but, if my memory is correct, the little fellow died soon after. The three other cases were injured at the same points. Two of them were like the former but small lads, the other was a young man of about twenty years. All were healthy before the accident. These three were operated upon by myself, only one of whom recovered, viz, the young man. An adult received a fracture of the thigh with severe contusions. The leg was dressed and placed in a fracture box. A secondary amputation was necessary in his case, and he died. Thus in five cases only one recovered.

On the 25th of April 1856, Henry Martin, a fireman on the Detroit and Milwaukee Rail Road, in passing out back of the locomotive on a car attached behind, fell and the wheels of a light car passed over his thigh directly above the condyles, crushing the bone and seriously wounding the soft parts. Assisted by Drs. Cobb, Brown and Brummer, as soon as possible I amputated the thigh, having previously given the patient some large doses of morphia and brandy. In due time he *recovered*, and without any untoward symptoms.

Mr. H., while in a state of intoxication, fell on the track of the Detroit and Milwaukee Rail Road. In this state he was severely injured in one of his legs by the cars. He was removed to the hospital, and as soon as reaction had taken place, his leg was amputated by Dr. Batwell. The second day after he died. The reaction could not be sustained.

Mr. —— was severely injured in the foot by the cars of the Mich. Central Rail Road, in July last, having stepped out of the car, when asleep. He lay on the side of the track all night, and the next day was taken to the hospital. Slight reaction took place. His leg was amputated below the knee during the day. He died, surviving the operation only six hours.

Such have been the results of my personal observations of amputations preceded by rail road injuries, and the testimony of all surgeons with whom I have conversed on the subject corroborates the same. It seems strange that the nervous prostration should be so intense in all cases of rail road injuries of the extremities, and that there should be such a similarity in injuries caused by fire-arms, and even if no lesion should occur, of the condition found after severe shocks of electricity in the form of lightning.

The question would be an interesting and indeed an instructive one to discuss, viz, how long should the surgeon wait after the injury

is received, before he should proceed to operate, provided an operation be deemed necessary? We are aware that differences of opinion do exist among the profession, and could a correct conclusion be attained, much good doubtless would accrue to the sufferer as well as the surgeon.

DETROIT, February 1856.

ARTICLE III.

Probable Error of Diagnosis.

No intelligent practitioner of scientific medicine will for a single moment dispute the magnitude of the importance of a correct diagnosis in all cases of disease for which remedial agents are to be given. If inert infinitesimal doses are to be given to amuse the patient, while nature cures or disease destroys, it matters but little what be the exact pathological condition. Imaginary remedies for mere *symptoms* will then fulfill every indication, and thereby preclude the necessity for the expenditure of a vast deal of mental labor, in searching out the obscure cause of many fearful diseases. But on the other hand, if valuable remedies in sensible doses are to be dispensed for the alleviation of human suffering and the cure of disease, it is absolutely necessary that the physician understand the exact pathological condition at the time, that he fully comprehends the nature (or at least the mode of action) of the predisposing cause, the indications to be fulfilled by treatment, and the nature and power of the remedial agents to be administered for the accomplishment of the desired end.

In most instances the totality of the symptoms affords unmistakable evidence of a particular disease. There are, however, occasionally very dissimilar diseases requiring dissimilar treatment, that make themselves manifest by quite similar symptoms. And again, if a particular disease be complicated with any other, its characteristic symptoms will of course be much obscured, rendering a correct diagnosis "on the spur of the moment" exceedingly difficult. Fortunately, however, the manifestations of *acute* disease (where delay is impracticable) are generally very *decisive*, and in *chronic* diseases close attention for a little time (which can generally be taken) will usually suffice to solve the problem satisfactorily.

The relation of a case of probable error of diagnosis* may not be entirely uninteresting in this connection.

Oct. 4th, 1856.—Was called to see Mrs. S., a lady of about twenty-five years of age, of nervo-sanguine temperament, of rather more than ordinary hight, and naturally rather spare. Found her *exceedingly* emaciated and exhausted, (so much so that she could not raise herself in bed,) with the surface of a deathly, ghostly paleness, in fact *colorless*; pulse 140 in a minute and so feeble as with difficulty to be perceived at all; a puny infant three months of age, at her breast, and laboring under the effects of a very moderate muco-purulent expectoration, profuse night sweats and an exhausting diarrhœa. Complained of a slight degree of soreness through her chest, and of no other pain or distress whatever. Troubled by a not very harrassing cough.

Percussion—elicited a very nearly healthy degree of resonance from each and every portion of the chest.

Palpation—could detect no difference in the degree of expansion and contraction of the two opposite sides of the chest during respiration.

Auscultation—revealed nothing more than bronchial respiration over perhaps a slightly augmented extent of surface, with the vesicular murmur exceedingly feeble, and in fact scarcely perceptible.

Another symptom that I observed at the time, which should not be omitted here, was the peculiarly and unusually bright, clear and expressive condition of her eyes.

From her friends I learned the history of the case which is as follows:

A little more than one year before, in the enjoyment of perfect health, (as indeed she ever had been,) she was married, shortly after which event she was annoyed by a slight dry *cough* and general and constantly increasing *lassitude* and *pallor*. These annoying symptoms all continued to increase with fearful rapidity, expectoration becoming profuse and emaciation considerable, so that for several weeks anterior to her *accouchment*† she was confined to her bed. Up to this time her appetite, though somewhat capricious, remained reasonably well, but failed rapidly afterwards. Parturition, though somewhat protracted, was completed with no untoward result. And in this emaciated and enfeebled condition she remained, constantly growing *more* so, as the inevitable result of the demand made upon

* Resulting in no harm to the patient fortunately.

† About July 1, 1856.

her little remaining vitality by the infant at her breast, the profuse night sweats and exhausting diarrhœa. Her medical adviser had done little more than recommend the use of cod liver oil, of which she had taken about half a bottle. Had had no medical attendance for several weeks.

From the above I concluded that my patient was rapidly drawing to the close of the last stage of *phthisis pulmonalis*, accounting for the nearly uniform degree of resonance over her chest on the supposition that the deposition of tuberculous matter must be that of the *miliary* variety and very uniformly deposited. I checked the profuse alvine dejections and cutaneous exhalations by the administration of acetate of lead and opium, and considering her frequent pulse the frequency of debility, had the child taken from her breast and recommended the use of *brandy, cod liver oil, essence of beef and the solution of iodide of iron.*

Oct. 6th.—Found Mrs. S. with pulse only 120 and perceivably fuller and stronger than on the 4th; in other respects much the same. Treatment, the same.

Oct. 9th.—Pulse only 85 and reasonably full and strong. Indications of a returning appetite. Treatment, the same.

Oct. 16th.—Found patient with a ravenous appetite, sitting up in bed, eating roast beef. Pulse 80. Diarrhœa entirely ceased. Considerable color in her countenance.

Two months afterwards she walked a mile and carried her infant.

At the present time she is apparently in the enjoyment of perfect health.

Query.—What was the exact pathological condition in this case? It is hardly reasonable to suppose that the diagnosis above given was a correct one. Had such been her condition, it would, seemingly, have been impossible for her to recover as rapidly as she did. I am disposed to account for the above phenomena as follows:

The cough undoubtedly commenced with that nervous cough which is peculiar to the early months of pregnancy, which unfortunately was accidentally followed by an aggravated form of *chronic bronchitis.* Her capricious appetite and the derangement of her digestive powers, consequent on gestation, may have been sufficient to produce her very obvious anæmic condition. The colliquative diarrhœa that occurred several weeks subsequently to parturition, was probably that of *debility.* If these suppositions be correct, it is very easy to see how the tonic treatment above alluded to, operated so rapidly in the amelioration of her condition. By the restoration of a healthful

degree of activity and tonicity to the whole organism, but particularly to the *capillary system*, was that condition effectually obviated, upon which depended her cough and expectoration, profuse perspiration and diarrhœa.

STOCKBRIDGE, Feb. 19th, 1857. G. E. C.

ARTICLE IV.

Cure of Suppurative Arthritis without Anchylosis.

BY DR. H. WATSON, DETROIT.

EDITORS OF THE PENINSULAR JOURNAL OF MEDICINE.

In your July number I notice a communication, on the possibility of the preservation of the joint in suppurative arthritis. Two of the cases there related occurred to patients in a puerperal state, and, as the author admits, were not very well marked, consequently any inferences from them are not absolutely conclusive. The third case was different and not liable to the objection, and its history reminded me very forcibly of two cases which fell under my own observation.

In March, 1826, George Wells, a healthy farmer boy, about fourteen years old, wounded his knee slightly with an axe, and by advice of a man calling himself a physician, the wound was dressed by applying a piece of salt fat pork to it, confining it with a bandage. Some six days afterwards, I found him suffering with very severe pains in the knee and a violent sympathetic fever; the whole joint was hot, very much swollen, and shining like a glass bottle. On removing the dressing and attempting to flex the limb a little, a stream of sero-purulent matter issued from the wound, as nearly as I recollect, a full teacupfull. Dressing the wound with a plaster of simple cerate, I covered the whole joint with a large blister, enveloping the limb for six inches above and below the knee with a thick bran poultice; opiates were administered freely, and such nourishment as he could be induced to take. Under this treatment, he became more comfortable, but the purulent discharge continued to be very copious for more than a month, averaging each day half a pint or more of thick yellow pus. On examination with a probe, there was no difficulty in passing it through the joint and several inches in other directions, the constitutional symptoms were proportionally severe. Restlessness, chills, colliquative sweats, and emaciation which ulti-

mately became alarming, were combatted with opiates, astringents, quinine, cordials, and animal broths. After two or three weeks had elapsed, granulations could be discovered within the lips of the wound, which at length became prominent, protruding like a fungus, the discharge of pus, however, diminishing in quantity in proportion to their growth, these changes were accompanied with a gradual subsidence of the hectic, and I had the satisfaction of seeing him fully restored to health in eight or ten weeks after I first took charge of him. The protruding granulations were easily repressed, and the sinuses up and down the limb were gradually obliterated by the application of compresses. While this process of granulation was going on, I every day flexed and extended the limb thus giving some motion to the joint, and enjoined upon the attendants to do the same occasionally in my absence.

For several months, the joint was less flexible than before the injury, but by use, at length this stiffness was overcome, and so far as comfort or use is concerned, the limb is as perfect as the other. There is, however, some deformity apparent to the eye; a deep depression exists where the wound was, with a corrugation of the skin owing doubtless to the absorption of the fleshy parts and an adhesion of the skin to the bone.

The second case occurred in Springfield, Mass.

In the winter of 1847, I was requested to meet Dr. S—— of that city, in a case of acute rheumatism, as the messenger informed me. On my arrival, I found the patient, a fine little boy, of about seven years of age, in a perfect frenzy of excitement, from pain and sympathetic fever, the countenance expressed the most intense suffering. He was bathed in sweat which actually dropped from his face and hair, the pulse counted over 140 and was sharp and wiry. His parents informed me that he had not slept five minutes at anyone time, and had not been moved from the posture he was then in, for more than four days, and that any attempt to move him produced such dreadful screams that they were obliged to desist.

On raising the sheet, which was thrown lightly over the limb, I found the leg flexed some fifteen or twenty degrees on the thigh, and the whole limb from the ankle to the hips very much swollen, and about the knee a good deal discolored and shining. On enquiring if there had been any injury, the parents denied any knowledge of an accident, but the little patient himself at once told me that, while playing with his mates in the street, he had fallen and struck his knee on a small stone, which hurt him so severely, he was scarcely

able to get home. Very little attention seems to have been paid to his complaints, although the servants said that after the accident he wholly refused to use the limb, and no physician was called until four or five days after. Dr. S—— pronounced it a case of acute rheumatism, which he said was then prevalent in the city, advised a covering of pelisse wadding and the use of Tinct. Cimicifuga, and Camphorated Tinct. Opium, equal parts, in small doses, regularly. This plan of treatment was continued till I saw him some five or six days later. On examination, I could find no evidence of suppuration at that time, sufficient to warrant an opening, but had little doubt there would be soon. I persuaded Dr. S— to combine with his treatment, the use of enough Sulphate of Morphine, to allay the excessive sympathetic irritation and pain, so that he might have some sleep, and to apply blisters and poultices to the affected limb. Springfield being about sixteen miles from my residence, I stayed through the night with the family, and was gratified to see the little fellow sleep several hours in comparative ease, and I left him in the morning lying upon a fresh clean bed with a calm countenance, and a pulse of 110 in a minute.

After this, I saw this patient only once in four or five days. Dr. Smith, of Springfield, (afterwards lost in the Norwalk catastrophe) having been associated with the attending physician in prescribing for the case. An opening was made into the joint a few days after, and there was a copious discharge of pus and sanies for several weeks. Extensive sinuses formed above and below the joint, dissecting up the muscles, and requiring openings in various places, and the poor little sufferer became almost a skeleton under the exhausting effects of the discharge and the accompanying hectic. It, at length, became a question with the other physicians, whether a removal of the limb would not be necessary for the preservation of his life, and at their request, an eminent Professor of Anatomy and Surgery, in one of our large universities, was invited to see him in consultation. He said that there was extensive disorganization of the joint, an absorption of the cartilages, and probably caries of the femur and perhaps of the tibia; he thought his life in great danger under any treatment, recovery with anchylosis the best possible event, the preservation of life at the expense of his limb would in his opinion be a very fortunate termination. Conversing with the parents, I found them very unwilling to allow an amputation. My own opinion about the ultimate result was less unfavorable, and I was very well satisfied to trust the case to time, soothing topical applications and the liberal

use of wine, cordials, anodynes, and food. The event justified my anticipations, the local symptoms became less severe, the constitutional affection gradually subsided. One after another, the abscesses and sinuses in the limb healed, at least in part, and he recovered his flesh and strength pretty rapidly. Instead of anchylosis, the mobility of the joint was preserved imperfectly, as the leg could be flexed on the thigh to a right angle, and extended so, as to form an angle of 135 or 140 degrees, without causing much pain; by persevering efforts, the use of the joint was materially increased, and although he has now acquired the power of making the limb quite straight, he now walks without a staff or any other support, and can flex that limb as perfectly as the other. Considerable deformity is apparent about the knee upon inspection, and there are still some openings above the knee surrounded with callous edges, through which a little thin ichor escaped, and several little spiculæ of bone have passed out at these openings.

What the morbid changes were, which took place in this case, it is probably not possible to determine with entire accuracy, but that the whole joint was for several weeks in a state of high inflammation, involving the synovial lining, and the cartilages seems to be very apparent.

I have long been of the opinion that by a proper course of treatment, and especially a persevering use of motion of the joint at the proper time, anchylosis may commonly be avoided, at least in a considerable proportion of cases of suppurative arthritis.

ARTICLE V.

Michigan Coal—Its Analysis and Value for Gas.

BY S. H. DOUGLASS, PROF. CHEM. UN. OF MICH.

As wood and oil advance in price, whatever relates to the coal of Michigan, assumes an increased importance to the people of our state. Having recently made an analysis of coal from the coal bed of Mr. Hayden, near Jackson, I deem it a matter of sufficient importance to make the result public. The analysis had particular reference to the value of the coal for the manufacture of coal gas.

The coal was of the bituminous variety, having a jet black color, and slaty structure. It was readily ignited, burning with a dull flame and much smoke. The fragments comminuting more or less by the heat. It had a specific gravity of 1.25.

100 parts gave:

Volatile matter,	50.780
Sulphur,	4.028
Iron,	5.408
Ash,	8.400
Carbon (not volatilized),	41.600

The value of coal for the manufacture of gas is usually estimated by the amount of valatile matter, which it yields at a full red heat. The following list of English coals, taken from the best authorities, are given in the order of their gas producing properties, as determined by actual trial for the purpose of comparison.

	Vol. Matter.	Ash.	Sulphur.
Boghead,	68.4	22.8	1.06
New Brunswick cannel,	66.3	.6	.14
Kirknep,	60.	13.5	2.80
Staffordshire cannel,	50.	2,9	2.60
Arniston,	45.8	4.2	3.40
Silkstone (Yorkshire),	38.	2.6	2.20
Wigan (Lancasshire),	37.	3.	2.40
Ramsey (Newcastle),	36.8	6.6	2.50
Nielsea (Somerset),	34.9	3.	5.70
Coal pit Heath,	30.1	5.8	8.20

It is apparent from above that the amount of volatile matter in the coal holds a fixed relation to its gas producing properties.

The following table, compiled from Prof. Johnson's work, will show the volatile matter in the several varieties of American coals. The sulphur is not given in these analyses, but there is no reason to believe that it will be very much less than the average of any coals.

	Vol. Matter.	Ash.
Beaver Meadow, Pa.,	2.30	7.11
Peach Mountain, Pa.,	3.07	4.41
Lehigh, Pa.,	5.28	5.56
Cumberland, Ind.,	14.87	14.98
Blossburg, Pa.,	14.78	10.77
Midlothian, Va.,	27.28	10.47
Cannelton, Ind.,	33.99	4.97
Pittsburgh, Pa.,	36.78	7.07
Jackson (determined by Prof. D.),	50.78	8.40

From the above it will be apparent that the coal of Michigan for the manufacture of gas is nearly equal to the best of English coals, and quite superior to any of the American coals around. I have not access to analyses of the Ohio coals, and am not now aware that any have been made.

SELECTIONS.

ANCIENT MEDICINE.

BY W. T. GRANT, M. D., OF WRIGHTSBORO', COLUMBIA COUNTY, GA.

In the preparation of an article published during the past summer in the *Atlanta Medical and Surgical Journal*, captioned *Diseases of the Bible, &c.*, I had frequent occasion to refer to the ancient historians, Tacitus, Herodotus, Thucydides and Josephus, for the purpose of substantiating certain conclusions at which I arrived in the course of my investigations upon that subject. In examining those works, I found a great deal of very interesting medical matter, and I have since concluded to give a condensed account of it to the Profession. I conceive that it presents many points of very great interest, and also demonstrates most incontestibly the antiquity of a number of our remedial appliances. I am not ignorant of the fact that works have been published upon this subject—ANCIENT MEDICINE; but as such works possess but little interest for the generality of medical men, *they* have but a limited circulation, and a monograph upon the subject would therefore, from its very *brevity*, be far more interesting.

The earlier lights of the profession were few in number, and with some of them we are sufficiently well acquainted to need no notice in this place. The practitioners of Medicine in early times were undoubtedly as numerous, in proportion to the population, as they are now. "Every great family, as well as every city, must needs (as Herodotus expresses it) swarm with the faculty." The medical men of Egypt were renowned in those early times; Cyrus had a physician sent him from Egypt, and Darius always had Egyptian physicians with him. But of all, I propose to give a sketch of one only—Damocedes. "He was a physician of Crotona, and the most skillful practitioner of his time." Damocedes, it is presumable, lived in Crotona during the earlier portion of his life, but was induced to remove thence by "the austere manner of his father, which becoming insupportable, he left him and went to Ægina. In the first year of his residence at this place, he excelled the most skillful of the medical profession, without having had any regular education, and, indeed, without the common instruments of the art. His reputation, however, was so great, that, in the *second* year, the inhabitants of Ægina, by general consent, engaged his services at the price of one talent (nearly one thousand dollars of our currency). In the *third* year, the Athenians retained him at a salary of one hundred minæ (about sixteen hundred dollars); and in the *fourth* year, Polycrates engaged to employ him at two talents. His residence was then fixed at Samos; and to this man the physicians of Crotona are considerably indebted for the reputation which they enjoy; for at this period, in point of medical celebrity, the physicians of Crotona held the first, and those of Cyrene the next place." (Herodotus 3. 131.)

We have made the above quotation from Herodotus, not only for the purpose of sketching the character of Damocedes, but also to add

more evidence in demonstration of the fact that physicians were quite abundant in former times.

Herodotus mentions two cases in which Damocedes was engaged with success, and which are of much interest. The first was in the person of Darius, who, in leaping from his horse on one occasion, "twisted his foot with so much violence that the ankle bone was quite dislocated." This was a dislocation of the ankle-joint.—or, to be more surgical, it was a luxation of this joint. Darius had some Egyptian physicians with him at the time, who, however, increased the evil by twisting and otherwise violently handling the affected part. He was in very great pain, which, indeed, was so extreme, that he "passed seven days and as many nights without sleep." And on the eighth day, Damocedes was mentioned to him as being a skillful physician, for whom he sent immediately; "who applied such medicines and strong fomentations as were customary in Greece, by which means Darius, who began to despair of ever recovering the entire use of his foot, was not only enabled to sleep, but in a short time perfectly restored to health."

The second case occurred in Atossa, the daughter of Cyrus, and wife of Darius, who "had an ulcer on the breast, which, finally breaking, spread itself considerably." Damocedes succeeded in curing it, but by what means, we are not informed.

While upon this subject, we *may* introduce also the following two cases: Militiades, the Athenian general, in getting over a fence, in some way dislocated his femur, and never recovered from it. It mortified, and growing worse, finally killed him. (Herodotus 6. 134–136.)

The followiug case may be believed or not, as the reader likes; I give it as I find it: Hegeiestratus was in prison, in Sparta, and bound in irons. He was threatened with death, and preferred any means of escape to such an event. Therefore, procuring a knife, he cut off as much (one-half) of his foot, as would enable him to extricate himself from his irons; after which, he dug out of prison, and made his escape to Tegea. "When his wound was healed, he *procured himself a wooden foot*, and became an avowed *enemy* of Sparta.

Of the Practice of Medicine, Herodotus gives us a very complete although concise account. He says, that among the Babylonians they had no distinct profession of medicine, but in case of sickness, pursued the following course. Such as were diseased among them, they carried into some public square, and every one who passed by, had to interrogate the sick as to the nature of their disease, and if he had either been afflicted with a similar disease himself, or seen its operation upon another, he may communicate the process by which his own recovery was effected, or by which, in any other instance, he knew the disease to be removed. And no one was allowed to pass by an afflicted person in silence, or without inquiry into the nature of his complaint.

Among the Egyptians, medicine was practiced as follows: "One physician is confined to the study and management of one disease; there are, of course, a great number who practice this art; some attend to disorders of the eyes, others to those of the head; some take

care of the teeth, others are conversant with all diseases of the bowels; whilst many attend to the cure of maladies which are less conspicuous." Our author says that the Egyptians used "purges, vomits, and clysters, for three days successively every month," as a matter of health, under the impression that the diseases of the body are occasioned by the different elements received as food. He offers himself the opinion that "changes of all kinds, and those in particular of the seasons, promote and occasion the maladies of the body."

Herodotus mentions but two cases in which the special senses were affected—one the son of Crœsus, affected with dumbness; the other, a soldier named Epizilus, who was suddenly and inexplicably struck blind in the midst of a battle.

Josephus makes frequent mention of dumb and blind persons, but does not give any particulars. He says that when David besieged Jerusalem, the citizens of the place, in contempt, placed upon the walls of the city, in full view of David's army, all their lame and dumb and blind, from which we may justly infer that their numbers were considerable.

Tacitus introduces a very interesting case of blindness, which I am inclined, from the description, to think was Pterygium. It also falsifies the assertion of Pettigrew that the royal gift of healing originated in England with Edward the Confessor. I will quote the case in Tacitus' own language. Vespasian, the Roman emperor, was spending some months at Alexandria, when "a man of mean condition, born in that city, had lost his sight by a defluxion on his eyes. He presented himself before Vespasian, and falling prostrate on the ground, implored the Emperor to administer a cure for his blindness. The request was, that the Emperor, with his spittle, would condescend to moisten the poor man's face and the balls of his eyes. Another man who had a paralytic hand, begged that the Emperor would tread on the part affected. Vespasian smiled at a request so absurd and wild. The wretched objects persisted to implore his aid. He dreaded the ridicule of a vain attempt; but the importunity of the men, and the crowd of flatterers, prevailed upon the Prince not entirely to disregard their petition. He ordered the physicians to consider among themselves whether the blindness of the one and the paralytic affection of the other were within the reach of human assistance. The result of the consultation was, that the organs of sight were not so injured, but that, by removing the film, or cataract, the patient might recover. As to the disabled limb, by proper applications and invigorating medicines, it was not impossible to restore it to its former tone. Accordingly, in the presence of a prodigious multitude, all erect with expectation, the Emperor advanced with an air of serenity, and hazarded the experiment. The paralytic hand recovered its functions, and the blind man saw the light of the sun."

In regard to Obstetrics, Herodotus is not so full as upon other subjects. He *merely* mentions three cases—one a case of still-born child; another, a case of twins; and the third, a case of abortion from violence. It occurred in the person of the sister and wife of Cambyces, and was produced by violence he used towards her.

Tacitus mentions a similar case to the last, and which was likewise fatal. It was Poppæa, the wife of Nero. When she was advanced in pregnancy, for some trivial cause, he gave her a kick on her womb, from which she died. We presume that abortion was the result in this case, and was the cause of her death, although we are not informed that it was so.

We may gather from a remark of Tacitus that abortive remedies were quite common in ancient times. It appears that Octavia, the wife of Nero, was much addicted to adulterous commerce. "Nero issued a proclamation, declaring the guilt of Octavia, and added that, by the use of medicines to procure abortion, she had thrown a veil over her adulterous connections, and the facts were said to be clearly proved."

Josephus mentions *only* that abortion could be produced, and adds the punishments that were inflicted by law upon any one who procured the abortion.

We may, while upon this part of our subject, introduce the following from Herodotus, in proof of the existence of hysterical affections. I believe that obstetricians consider that these affections are the result of our modern refinements; but this opinion is refuted by Herodotus. The Budini were a rude and barbarous people. In their country there was a "large lake, with a marsh surrounded with reeds. In this lake are found otters, beavers, and other wild animals who have square snouts: of these the skins are used to border the garments; *and their testicles are esteemed useful in hysterical diseases.*" —*South. Med. & Surg. Journ.*

GLYCOGENIA—PRODUCTION OF SACCHARINE MATTER.

The problem of the production of saccharine matter is too well known to the readers of the *Medical Gazette*, to require us to repeat the main points. During more than two years this topic has been discussed in the societies; it must be considered as one of the most familiar subjects of cotemporary science. We limit ourselves with the view of aiding the reader to understand what follows, to recapitulating the main features of the questions, and the chief shades of opinion which the *Medical Gazette* has had an opportunity of disseminating in this important and difficult controversy. M. Bernard said that the liver formed the sugar of the system. It had been previously maintained that the liver separated the sugar from the blood, as the kidneys do urea. It must be admitted that till the present time, by aid of a multitude of ingenious experiments, the theory of M. Bernard has prevailed. Nevertheless able adversaries have assaulted it, while defenders no less competent have interfered to such a degree, that now there are two camps—two parties—the one sustaining the theory of saccharification by the liver, the other maintaining that the liver is only a condenser or eliminator of saccharine matter formed in the intestines or elsewhere.

MM. Lehmann, Piggiola and Chauveau are the chief supporters of this doctrine, MM. Figuier, Mailhe and Colin being its opponents. Thus the *Medical Gazette* has continued to repeat: "In this controversy we will distinguish the facts and opinions, the experiments and the inferences." We have been obliged, without taking sides in the controversy, and while rendering credit to both parties, to make reservations against both; for both partisans and opponents have been too sweeping in their conclusions, having appeared to us to go beyond the facts. But let us not anticipate in our account of the facts and theory separately. It will be recollected that in a report which was the subject of a careful examination by us, M. Dumas has reduced the whole discussion to this simple fact, namely: Is there, or is there not, sugar in the blood of the portal vein during the digestion of animal matter? M. Figuier had said, yes. He had shown the presence of sugar in the portal vein by the means of chemical reaction, but not by fermentation. The absence of fermentation, on the importance of which the *Medical Gazette* dilated, had been sufficient to cause M. Dumas to infer the absence of saccharine matter in the blood of the portal vein. This was the point in question. M. Colin resumed his investigation and demonstrated the existence of sugar, not only in the portal vein, but in the chyliferous vessels. Finally, M. Chauveau, although a partisan of the theory, has confirmed, by a process which does not seem any longer disputable, the presence of sugar, not only in the portal vein, but in the whole mass of the blood, and this long after MM. Bernard, Lehmann, Piggiola and others found it no more in the liver.

These established facts have, therefore, progressed much since the report of M. Dumas. We are forced to add that the theory has not progressed in the same degree.

The want of evidence of sugar in the portal vein during the digestion of animal matters, was the strong hold of this theory. No sugar in the blood before its entry into the liver, no sugar at its issue by the supra-hepatic vein—what could be clearer or more conclusive? The sugar is formed in the liver. Perhaps our readers will recollect the reservations of the *Medical Gazette* as to the value of this reasoning. Our reserves were founded on two points: first, that the non-establishment of the existence of sugar in the portal vein is not an absolute proof of its absence; and it was on this behalf that we expressed doubts on the value of fermentation as an affirmative or negative proof of the presence of sugar. Our second reserve was founded on this conclusion that the presence of sugar in the blood on issuing from the liver has, as we have said, only the value of an experimental fact—of an empirical proof.

The mind, in order to be satisfied, requires something more reasonable. It demands that there be shown a more exact connection, a more direct effect from the cause.

Experience has justified our reservations on this subject. It is now proven that there is sugar in the portal vein—that it is there, elsewhere and everywhere, even a long time after abstinence, until the animal becomes cold and dies. Has the progress of the discussion

invalidated our reservations as to the theoretical conclusions? M. Chauveau, the new adept for the production of saccharine matter, is fully convinced of the triumph of the theory. Certainly, if the correctness of the logic were equal to the sagacity and ingenuity of the experimenter, we would not have had to reply, and as he announces it, nothing would remain but to do homage to the talent of the discoverer. But has not the young chemist, in his enthusiasm as a neophyte, allowed himself to be drawn too far? We fear he has. After having demolished with his own hands what M. Dumas regarded as the corner stone of the building of M. Bernard—after having demonstrated the presence of sugar in the portal vein, M. Chauveau regards the theory of the production of sugar as definitely demonstrated. Why? Because, there issues from the liver more sugar than enters it; because, he finds more sugar in the supra-hepatic vein than in the portal vein. It will be enough to observe to him that this mode of reasoning has changed in nothing that of M. Bernard; it has only weakened it. The author of the theory said, there is no sugar in the blood which reaches the liver, but sugar after the blood issues from the liver; therefore, the liver forms the sugar. M. Chauveau says, there is little sugar in the blood which enters; more sugar in the blood which issues. It is clear that the only question is one of quantity and degree, and the reservations of the *Medical Gazette* on the purely empirical character of the deductions are sustained in all their weight.—*N. O. Med. & Surg. Journal.*

INFLUENCE OF THE OBLITERATION OF THE VENA PORTA ON THE SECRETION OF BILE AND ON THE GLYCOGENIC FUNCTION OF THE LIVER.

M. Oré addressed a memoir under this title, in which he reports a series of experiments made with a view of studying the influence of the obliteration of the vena porta on the secretion of the bile. These experiments have been undertaken by request of M. Gintrac, of Bordeaux, with reference to a case occurring under the observation of this physician, which seemed to weaken the physiological theory which contemplates the vena porta as furnishing to the liver the materials of the biliary secretion.

In the first two series of experiments the vena porta was tied or obliterated by different processes, and it was found that in spite of this obliteration the gall-bladder was constantly full of bile, and that the matter contained in the intestine was colored by this secretion.

In a third series of experiments the author investigated, at one and the same time, the influence of the obliteration of the vena porta on the biliary secretion and on the glycogenic function of the liver. The four experiments of this series appeared to him to confirm, in the most positive manner, the theory of the formation of sugar in the liver, established by M. Claude Bernard.

This physiologist, says M. Oré, has seen the secretion of sugar disappear from the liver, when the organ has become diseased. This

fact finds confirmation in one of the experiments of the third series in which the liver, presenting abscesses in one of its lobes, did not contain sugar in this part, but on the other hand, contained abundance of it in the portion of the organ which retained its normal condition.

In another experiment, in the same series, the liver presented abscesses throughout its whole extent, and did not contain the least trace of sugar, which is a new confirmation of what we have before said.

And finally, in the last experiment, he has found abundance of sugar in the liver, though the vena porta was obliterated and the substances resulting from the transformation of alimentary materials, that is to say, albuminose and glycose, could not any longer penetrate into the organ. This last experiment shows clearly that the liver, as a reservoir of sugar, does not receive its supply, as such, by alimentation.

The author sums up his memoir by drawing the following conclusions:

1. The secretion of bile, having continued notwithstanding the partial or complete obliteration of the trunk of the vena porta, I hence conclude that it is not the blood of this vein which furnishes the materials of this secretion. It is at the expense of the blood of the hepatic artery, that the liver secretes this fluid. The biliary, like all other secretions, is therefore effected at the expense of the arterial blood. I have shown in my memoir why the obliterations of the hepatic artery cannot serve to determine the question, and how these obliterations show nothing tending to invalidate the conclusion which I have announced.

2. The secretion of sugar by the liver, not having been changed by obliteration of the portal vein, it becomes evident that the production of sugared matter, as has been shown by M. Claude Bernard, results from the action of the liver itself, independently of alimentation.

3. The materials—albuminose and glycose—resulting from the digestion of amylaceous and albuminoid matter, not being able to traverse the liver, are not however lost to the organism, as may be realized by the anastomotic circulation existing between the superior mesenteric vein and the vena cava inferior.

4. And lastly, it is with the greatest reserve I would put forth the conclusion in the form of the question: may not the arterial blood play a similar part in the formation of the hepatic sugar, that it does in the formation of bile?

M. Andral, who was present, cited a fact that he had observed in the course of his practice, a case which afforded results in perfect accordance with those obtained by M. Oré in the experiments above reported. A patient whose morbid manifestations led him to suspect the existence of obliteration of the vena porta, (an obliteration which in reality existed in the most absolute manner, as was verified by the autopsy,) not only did not present any symptoms indicative of a suspension of the biliary secretion, but furnished the proof that the glycogenic function still persisted, for this patient was diabetic.—*N. O. Med. & Surg. Journal.*

EDITORIAL AND BOOK NOTICES.

THE BATTERY OF THE MEDICAL INDEPENDENT, ITS AIM AND ITS EFFECTS.

"Such cowards never use their might,
But against such as will not fight."

Having for some time been the target at which the *heavy* guns of this medical stronghold have been pointed, and not yet having been made sensible of our vulnerability by the effects of its shot, we feel obliged to account for our escape from injury in some other way, than on the supposition that we are entirely impenetrable.

Our rationale is this:

In our military life-time—we mean that portion of our life which passed before we resigned for fear of the Army Medical Board—we used to have long discussions on gunnery, on the elevation necessary to be given to a long eighteen, to enable it to carry a shot a given distance, on the ratio in weight the powder should bear to the ball, in order to avoid the severity of the recoil. Theoretically, it was established that a gun could be loaded so heavily that the recoil would be so great as to prevent the expulsion of the shot from the muzzle, the greatest damage being sustained in her own constitution by the bursting of her chamber, the breaking of her trunions, or the tearing of her breeching. But there was always great difficulty in conducting an experiment, so as satisfactorily to illustrate the principle involved in the theorem.

Recently, we think, the *Medical Independent* has accomplished that result; for, judging from our consciousness of security since the letting loose of putrid gasses from the battery of that journal, we think it must have either fired blank cartridges or have been theoretically shotted by our old friend of the Ordinance Corps, Colonel B... H..e.

We have known no case in common life which furnishes a perfect example of the correctness of this principle, but can recall an incident in our sporting experience which, from its analogies, does it as we used to extract the square root, by approximation. We had an old friend, and that was in our boyhood, and had he lived till now, he would have been called an old fogy, who used to shoot at squirrels with a "Queen's Piece." Lest our young America friends might not know what that is, it may be well to remind them, that we once had a good Queen Ann, and that during her reign a great many of her muskets were sent out to her colonies in America. These, in honor

of her majesty, were called the Queen's Arms or the "Queen's Pieces," and which, in the language of the revolutionary bard, would,

> "Whether aimed at duck or plover,
> Kick wide and knock their owner over."

Now, this old friend was not like another and a younger one, whose name was Jack Smith. Jack, when he wanted to shoot far, pulled the trigger mighty hard, so as to give an impulse to the load; but my old friend, to accomplish the same end, would load the Queen very heavy at the breech. One day, it was the last time I saw him, and I hardly know now whether to weep over his memory or to laugh at his eccentricities, he had loaded his piece with unwonted care and taken deliberate aim at a gray squirrel perched high upon a beech tree. He fired. The squirrel dropped the husk of a beech nut, sprang to a higher limb and began to chipper. My old friend exclaimed, *sacré le diable!*—for he swore in French—*suppose you be at dis end de gun, I no tink you jump so.*

The following letter, from a gentleman everywhere esteemed for his moral elevation, will show in some degree the pertinency of the foregoing remarks. P.

MARSHALL, February 14, 1857.

DR. Z. PITCHER.

Dear Sir:—You cannot imagine my surprise and indignation at seeing in the last number of the *Medical Independent* a reference made (I suppose) to myself, as having been misguided by the perusal in the *Peninsular Journal* of your hospital report of a case of ascites, where iodine injection was used. Now, Sir, justice to myself, and more particularly to you, demands an explanation at my hand, lest you should think, that either myself or any of the profession in this place are implicated in the unjustifiable efforts of the *Independent*, in assisting to injure the fair reputation of one for whom we all have good reason for entertaining the highest esteem and admiration.

I was introduced to Dr. Robinson by an intimate friend of our place, and in showing him the common courtesy of a drive around our village, our conversation turned mostly on medical subjects. Without any knowledge at that time that I was speaking to an editor of a medical journal, much less that our conversation was to be treasured up for the sake of venting any one's envy on a higly esteemed friend, I simply spoke of the theory of this practice and my experience; nor did I state that the patient died immediately, or that I was solely induced by *that report* to try the experiment. The lady and husband were both apprized of the liability of its ill effects, and most of the

authorities on the subject were shown them prior to its use. This remedy was used twice, at an interval of seven months, and the lady did not die until nearly three weeks after the last injection. A clear diagnosis of the case was not made until after the first tapping, which proved to be a scirrhus of the liver. It is true that the autopsy did exhibit some peritoneal inflammation, but not to that extent as to have caused either of the medical men present to think it of sufficient importance as to have caused her death. If you desire it, I will write a report of the case, and also send the affidavit of the medical men that were present at the time the iodine was used, and also at the post-mortem examination—deeply regretting that Dr. Robinson should without the least shadow of authority from me have inserted so erroneous a representation of the case,

With much esteem and regard I remain, dear Sir,

Your friend,

N. K. MANIATES.

THE MEDICAL INDEPENDENT.—When in a preceding number of our Journal, the writer of this article over his own initials, prompted by a sense of justice and honor, and by the instincts of friendship, volunteered a true and explicit statement of the facts which have led to the difficulties which exist between the *Peninsular Journal* and the *Medical Independent*, and exposed some of the abuses and false statements which that sheet has for several months past continued to utter against our senior and associate; he expected to have a portion of that abuse directed upon himself. In that expectation, he has not been disappointed. Nearly nine pages of editorial, intended to be in a style of severity, has been devoted to him.

Now, we do not propose to keep up a war of words with that sheet. We have other and far more important labors to perform; labors too, which are infinitely more congenial to our tastes and feelings; and so far as those labors may be given to the Journal, we doubt not with far more profit to our readers. An elaborate defence against any statements the *Independent* may make, we, by no means, deem important. Twelve years constant residence and professional labor spent in Michigan, besides, for three years past, spending about half of the time in the State, being connected with her Medical Institution and with this Journal, we are not entirely unknown; and we repose in the confidence that we "shall be judged by our works," and not by what the *Independent* may say or *omit* to say of us.

But as the object we had in writing the former articles, viz to inform our readers and those connected with the medical press, of the precise course of the editors of the *Independent* towards us, and particularly towards our senior, may be promoted by a brief notice of the article before us, we shall for this once direct attention to some of the particulars which it contains.

In general terms, we are accused of "arrogant assumptions" respecting our senior, and of "extravagant laudations of him. Now all that we deem it necessary to say on this subject, is, that we mentioned simple, well known facts respecting him, *not one of which in the whole nine pages is specifically denied.*

The only specification in which we are accused of "ignorance of facts, or a propensity to pervert truth," is in relation to the following quotation from our former article. In speaking of the course of the Editor of the *Independent* towards our associate, we said: "Shall one of the first and oldest, most respected and honored of the laborious members of the profession in the West, be thus maligned and pursued by men, some of whom are mere striplings in age and experience in the profession, and all are but of yesterday among us, and the indignation of honest men not find emphatic expression?" Now we will simply state the facts and figures as near as we can ascertain, bearing upon this subject, and leave our ignorance and untruthfulness to be judged of, by these facts.

The "*some*" of the editors referred to as striplings in age and experience in the profession was Dr. L. G. Robinson. Dr. Goadby has had no experience as a practicing Physician, and perhaps, therefore, could hardly be considered even as a stripling in experience in the profession, in the sense intended, as contrasted with the long practical experience of our associate; and if Dr. Robinson does not consider himself as entitled to count as much as "*some*," he can add what there is of Dr. G. that is appropriate to the occasion, to the amount. Now Dr. R., as we are informed by competent authors, graduated in medicine at Albany in the Spring of 1852, and settled as a practitioner in Detroit the following Summer. His practice since then, we presume he will not contend, has been extensive. So much for the "stripling" part. Previous to this graduation, he read medicine in the city for about four years. Dr. Goadby has been a resident of Detroit for about two years, and Dr. Kane, who we presume has had a respectable country practice for a good number of years, has been a resident of Michigan for about two years. So much for the "but of yesterday" part.

Now our readers will judge whether the expression: "Some of whom are mere striplings in age and experience in the profession, and all are but of yesterday among us," taken together and used as it was in contrast with Dr. Pitcher's age, great experience and long residence in Michigan, shows a remarkable "propensity to pervert truth," or not.

The feeble rehash of former abuses directed against our senior, needs no comment. He too will be judged by all men whose judgment is worthy of regard, by his own character, his labors and his deeds, and not by what the junior editor of the *Independent* says of him, whether that editor be a "stripling" in the profession or not.

A few words as to the cause of the establishment of the *Independent*. Two reasons are given in the article. One is because we rejected an article written by the present junior editor, ridiculing Prof. N. S. Davis, of Chicago, who had allowed a brief biography of himself to be inserted into his work on the "History of the American Medical Association," and as if he proves that this was a great sin of ours, the editor states: "It is sufficient to say that the paper was afterwards published and endorsed by the *Buffalo Medical Journal*." Does the editor of the *North-Western Journal*, Dr. Davis, regard us as having committed a great sin in this rejection, notwithstanding it was afterwards endorsed by "the fearless and able editor of the *Buffalo Journal?*"

Does the editor of the *New Jersey Medical Reporter* think this a great sin? If so, he must have altered his opinion, or else must think that it is very proper and quite in keeping for R., to do a thing which in *us* would have been despicable. We well remember with what indignation we read the *Reporter's* insinuations, that *we* were the author of that article, and felt inclined to say: "is thy servant a dog, that he should do this thing?" It will be remembered that at this time we were in the midst of a controversy with Dr. D. as the exponent of Rush Medical College, and all *honorable* men can appreciate how shameful it would have been for us to have thrust such personal ridicule, founded on matters foreign to the subject at issue, into the controversy.

The other reason given for the establishment of the *Independent* is, that we "rejected Dr. Goadby's articles on subjects connected with the microscope." This may have been a grievous sin, but if so, we must plead that it was one of the head, rather than of the heart. We innocently thought that our readers who are practicing physicians,—not mere curiosity seekers in the domain of insect life—men

who are engaged in the relief of suffering *humanity;* not intending to establish hospitals for the treatment of sick insects—would not be interested in these papers sufficiently to read them.

We do not believe that any considerable number of medical men read them in the *Independent;* and if we had thought our readers wanted such matter, we could possibly have found men not unacquainted with the subject, and who at least knew the difference between a "mink" and a "minx." We do not wish to be understood as speaking disparagingly of microscopy. It is a beautiful and deeply interesting subject, and when properly conducted and applied to physiological and pathological science, may be made available to the interests of the profession. But we have now so many excellent text books on the subject, that we by no means require that elementary instruction be given in a medical journal. We would as soon think of giving a series of articles upon descriptive anatomy or chemistry. It is not the object of a medical journal to give compilations of elementary scientific matter, and especially upon subjects so remotely connected with practical medicine. Any new discovery in this or any other department of science might with propriety be recorded, but we deem elementary instruction in vegetable and animal histology, and particularly in the histology of insects, quite out of place in such a journal, even were it given by one acquainted with the general range of Natural History, and the Science of Medicine.

These we deem sufficient reasons for rejecting Dr. Goadby's articles; but to confess the whole truth, since we have known what every one having seen him even for a few times must know, of his characteristic and habitual traduction of everything American, we have not altogether fancied the man. He even represents the Mink, perhaps, because it is an American animal, as being twisted out of all proportions, and locomoting sometimes with one side up, and sometimes with the other. Without any ill wishes towards Dr. Goadby, we hoped that he would have been more comfortable in a country and among a people more to his taste, and were quite unwilling to present any obstacles or allurements, which would have prevented his leaving a country and a people, he so intensely disapproves, and so constantly traduces.

This article has extended far beyond our intentions, and we close it with the impression that the subject which has called it forth is unworthy so much space; and now without the slightest feeling of bitterness, or the remotest concern for our reputation on account of anything, the editors of the *Independent* or their coadjutors may say

or do, we dismiss the whole matter with the hope that no circumstances will induce us to recur to it again. A. B. P.

The Buffalo Medical Journal—What we Mean.—In our January number, at the close of a synopsis of Dr. Hamilton's report on fractures, after commending the report and the labors of the author, we said: "Although some of the gentlemen connected with the school of which Dr. H. is a conspicuous ornament, have not always treated us exactly in the manner we consider most becoming—indeed, one or more of them, according to recent information, having treated the faculty of the institution with which we are connected, in a most unbecoming and unfair manner—we shall not thereby be deterred from awarding credit to whom credit is due." The *Buffalo Journal* complains of this and wishes to know what charges we have against them, intimating that there has been some correspondence between parties not directly connected with either journal, which it talks about printing, asking us if we wish it published. We had not the slightest reference to this matter, and had no particular knowledge of it. We have, however, been making some inquiry, and learn from those who do know, that the statement that a "reasonable request met with a refusal," is not true. The *Peninsular* has no particular interest in the matter, and has no desires respecting the publication, pro or con; and if it had, has no power to consent or refuse. But if we understand it correctly, as we think we do, the "party" at Buffalo made a somewhat ridiculous manifesto, which was, however, courteously replied to, whereupon a still more ridiculous expression of dissatisfaction was treated with the silence it deserved. And we further think that, if the correspondence in question should be published, that party would show to the world, that they made a very foolish figure in the affair.

Now, what we did mean, is this.

Not long since we met with one of the few students who were at the Buffalo Medical School during the session before the present, and who informed us that one of the members of that faculty, in a speech to the class, told them some marvellous things about the Medical Department of the University of Michigan—speaking most disparagingly of the school and its faculty, saying that he spoke from personal knowledge of some of the men, &c. The individual member of the Buffalo faculty particularly spoken of as making these offensive charges, we have not the privilege of personally knowing, but he will understand who and what is meant. We have the name, and have con-

fidence in the integrity of our informant. Does the *Buffalo Journal* wish us to be more explicit?

It is very natural for men to be jealous of a successful rival, and under the circumstances of the case we can forgive a good deal. But even the small number of students at Buffalo as compared with those in the Medical Department of the University of Michigan will not justify, or render honorable, the language we are so credibly informed was used.

NOTICE.—In a late number of the *Medical Independent* the *junior* editor informs his readers that the edition for December last "*has given out,*" and begs their patience until he reprints. In order to save him that expense, we hereby give notice that a *large* quantity of said December number was sent to a book store in Ann Arbor for sale, (as it was said to contain a "Lusus Naturæ" in "English Grammar,") and that all the said numbers, save two or three, can be had by making application therefor.

ERRATA.—It is very annoying to the reader, in his perusal of an article, especially one of a scientific nature, to meet with frequent typographical errors and grammatical blunders; more so is it to the proof-reader to observe even after correction and revision the twice amended errors still preserving their original deformity, after the sheets have issued from the press, as is sometimes the case. But particularly is it aggravating to the author whose alert and inquisitive eye at once detects the slightest abnormal arrangement of the types, even though he may be conscious that many of the errors result from a too literal following of the copy. The following errors occurred in the March number in a single article, the first of which, however, the word *Galactirrhœa* (p. 415) altered from *Galactorrhœa* in the heading and throughout the article, we took the liberty of changing, as we regard the former the more correct orthography of the word, and is so written by Hoblyn. C.

In the next line, for J. W. Beech read J. H. Beech.

Same page, line 26 from top, for hazzard read hazard.

" " " 27 " " " treatise read treatises.

" " " 29 " " " friend read friends.

Page 416, " 32 " " " Antimonii Tartarizati read Antimonii Potassio-Tartras, gr. ii.

" 417, " 33 " " " comma put period at the end of line.

" 417, " 35 " " " loosing read losing.

" 418, " 3 " " " stomatatis read stomatitis.

STATE MEDICAL SOCIETY.—Shall we not have a full attendance of the profession at this next meeting in Ann Arbor? Will not the local societies and the profession at large throughout the state respond to the call by sending large and respectable delegations? There has been a gradually increasing number at each successive yearly meeting, but at no time yet has there been such a gathering together as the occasion ought to bring. There has been too much stagnation, and not sufficient of the *esprit de corps* among the profession of the state. Very few, we think, deny the good to be effected by these organizations, but there is too common a belief among members generally, that it can be done just as well by others, and each one leaves his own duty to his neighbor.

The President of the American Medical Association remarks in his excellent address, at the annual meeting in Detroit: "The effects of isolation is well known in breeding excessive self-respect, distrust of others, and narrow, selfish and sectional views and feelings." This is all true, and no where is there greater probability of these ungenerous feelings being excessively engendered, than in some localities in our own state. Why may not our own State Society send out as creditable pages of transactions as those which eminate from some of our sister-state organizations? Has it not the ability? Certainly it has; but it is the spirit which is wanting. Come then! let there be such a congregation at Ann Arbor, as came from the various parts of our state to Detroit in May last.

MICHIGAN STATE MEDICAL SOCIETY-CORRECTION.—The next annual meeting of this Society will be held at the College Building in Ann Arbor, March 25th, at 10 A. M., instead of, on the 24th, as previously stated. The reason for the change in the notice is, that commencement takes place on the 26th, and not on the 25th, as was previously supposed.

Newspapers please copy.

E. P. CHRISTIAN, Secretary.

☞ As this is the season when many young men will make their exit from our schools of medicine and surgery to enter upon the duties of a professional life, we would inform so many of them as may see or hear of this notice, that a fine opening may be had soon, by applying to Dr. Nims, Homer, Calhoun County, Michigan. Dr. N. is desirous of finding a purchaser for his property, and will dispose of it on reasonable terms.

Surgical Infirmary.—Dr. E. S. Cooper, of San Francisco, California, has established at that place a Surgical Infirmary, to which he calls the attention, and asks the favorable consideration of the profession of the adjacent states and countries on the ground of the peculiar and superior advantages of the climate of San Francisco over any other city on the Western Hemisphere, for the recovery of patients undergoing formidable surgical operations. In connection, he has also established a course of anatomical and surgical lectures claiming like advantages for the prosecution of practical anatomy. He says dissections may be conducted there, almost free from effluvium the whole year, but particularly from April to October, when the salubrious breezes preserve bodies for any desirable length of time.

☞ The Surgeon General, (a Brevet Brigadier General of U. S.) has placed us under renewed obligations by sending to our address a copy of the "Medical Statistics of the Army," compiled from the reports of the officers of the Medical Department to his bureau, from 1839 to 1855 inclusive.

Prepared by R. H. Coolidge, M. D., Ass't Surgeon.

We shall notice this work more particularly in our next.

Hand Book of Inorganic Chemistry, *for the use of Students.* By Wm. Gregory, M. D., F. R. S. E., Professor of Chemistry in the University of Edinburg, and Author of a "Hand Book of Organic Chemistry." 4th American from the 3d English edition, to which is added "*The Physics of Chemistry.*" By J. Milton Sanders, M. D., L. L. D., Professor of Chemistry in the Eclectic Medical Institute of Cincinnati, &c., &c. New York: A. S. Barnes & Co., 51 & 53 John St., 1856.

As far as Dr. Gregory had to do with the above work, it meets our unqualified approbation, and we can recommend it to our readers as a book of the first class on the subject. But we are surprised, in view of what has already been said by the medical press in reference to some other works of Dr. G., that the publishers should persist in having the American edition edited by an *Eclectic.* The association is repugnant to our own feelings, and will be so to nine tenths of the profession, who would otherwise favor the work. We should have thought that the former experience of the publishers would have enlightened them in regard to the reasons which continued so many copies on their shelves. Again we enter our protest relative to the

binding, which is in cloth instead of sheep or calf—not that it makes the least difference with the value of the contents, but it gives a book an ephemeral appearance, which does not become works of science or art.

For sale in Detroit by John A. Kerr & Co.

MISCELLANEOUS.

University of Michigan—Medical College.—The public examination of the candidates for the degree of Doctor of Medicine will be held on the 24th and 25th days of March at the College building. Commencement will take place on the 26th. The graduates will be addressed by Edmund Andrews, M. D., of Chicago. The members of the medical profession throughout the State are particularly invited to be present at these exercises.

SILAS H. DOUGLASS,
Dean of the Faculty.

American Medical Association.—The tenth meeting of the Association will be held at Nashville on Tuesday, May 5th, 1857.

All bodies entitled to representation in the Association, would very much further and facilitate its affairs by sending lists of their representatives at an early period to the undersigned.

ARTICLE SECOND OF THE CONSTITUTION.

"The members of this institution shall collectively represent and have cognizance of the medical profession in every part of the United States, and shall hold their appointment to membership either as delegates from local institutions, as members by invitation, or as permanent members.

"*The delegates* shall receive the appointment from permanently organized medical societies, medical colleges, hospitals, lunatic asylums, and other permanently organized medical institutions of good standing in the United States. Each delegate shall hold his appointment for one year, and until another is appointed to succeed him, and shall participate in all the business and affairs of the Association.

"Each local society shall have the privilege of sending to the Association one delegate for every ten regular resident members, and one for every additional fraction of more than half this number.

"The faculty of every regularly constituted medical college, or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal

hospital, containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate.

"*The members by invitation* shall consist of practitioners of reputable standing, from sections of the United States not otherwise represented at the meeting. They shall receive their appointment by invitation of the meeting, after an introduction from any of the members present, or from any of the absent permanent members. They shall hold their connection with the Association until the close of the annual session at which they are received, and shall be entitled to participate in all its affairs, as in the case of delegates.

"*The permanent members* shall consist of all those who have served in the capacity of delegates, and of such other members as may receive the appointment by unanimous votes.

"Permanent members shall at all times be entitled to attend the meetings and participate in the affairs of the Association, but without the right of voting; and when not in attendance, they shall be authorized to grant letters of introduction to reputable practitioners of medicine residing in their vicinity, who may wish to participate in the business of the meetings, as provided for members by invitation.

"Every member elect prior to the permanent organization of the annual meeting, or before voting on any question after the meeting has been organized, must sign these regulations, inscribing his name and address in full, specifying in what capacity he attends, and if a delegate, the title of the institution from which he has received his appointment."

Resolutions passed at the eighth meeting of the Association, held at Philadelphia:

Resolved, That no State or local society shall hereafter be entitled to representation in this Association, that has not adopted its code of ethics.

Resolved, That no State or local society that has intentionally violated or disregarded any article or clause in the code of ethics, shall any longer be entitled to representation in this body.

Resolved, That no organization or institution entitled to representation in this Association, shall be considered in good standing, which has not adopted its code of ethics.

Resolutions passed at the ninth meeting, held at Detroit:

"*Resolved*, That any new medical institution not heretofore represented in this body, be required to transmit to the Secretary, with the credentials of its delegates, evidence of its existence, capacity and good standing."

Medical presses throughout the Union are respectfully requested to copy the above resolutions at their earliest convenience.

ROB'T C. FOSTER,
Secretary Am. Med. Ass., Nashville, Tenn.

GLORY AND SHAME OF NEW YORK.—According to reports just made to the New York Legislature, there are in that State 26 orphan asylums, containing 2,816 children, of whom 2,224 are of foreign parentage; 4 lunatic asylums, with 1,495 patients; a State idiot asylum, with 104 idiots under instructions, at an annual expense of $16,000; a deaf and dumb institution, with 314 pupils on the roll, which will cost, when completed, $539,000; an institution for the blind, which employs 16 teachers, and has 170 pupils maintained at an annual expense of $30,000—the State pays $180 for each pupil; 9 dispensaries, located in the cities, which annually prescribe for 125,000 persons, at an average cost of 16½ cents to each; an eye and ear infirmary, which last year prescribed for 3,052 patients. The whole number of persons in its jails, penitentiaries, houses of refuge and workhouses is 3,863.

But many of the almhouses of the State are in a most execrable condition. The poor are brutally treated. Says the *Albany Evening Journal:*

"The shocking condition of some of the county poor-houses is almost incredible. They are badly built, worse arranged, not half warmed, and not at all ventilated. The unfortunate tenants of these places, when they are not starved and fed upon tainted meat, spoiled fish and decaying vegetables, are lodged either in open sheds where they freeze, or in close hovels where they suffocate. They sleep piled in tiers. They sicken without attention, die without medicine, and are tossed into graves like brutes. In one institution not less than one fourth of its 137 inmates died (say rather were killed) in less than a single year! They are literally the abodes of pestilence and famine. While the sane fare thus bad, the insane fare worse. Blows and chains are the only prescriptions for mental disease. The lunatic is beat because of his wandering mind, and the idiot pounded for his lack of sense. Some wretched ones lie upon straw and the accumulated filth of months, with no covering but such of this foul bed as adheres to their bodies. The blind, the deaf and the crippled huddled together and treated with equal inhumanity, as if they were doomed to suffer by the neglect of man as well as by the visitation of God. Often the men and women are indiscriminately penned in a common sleeping room at night, and the State is annually charged with the support of a new brood of paupers—the offspring of the illicit lusts of its lazar-houses. The supervisors who should see and correct these abuses, sometimes do not visit the place once a year, sometimes not during their term of office. Not unfrequently contractors are permitted to grind a profit out of the labor of the miserable wretches, and starve them in return."

We hope for the honor of our native State that the portion of the above statement from the *Albany Evening Journal* is an exaggeration. If true, it would almost make us doubt that the world really moved. It is the theory of some, that poverty should be punished by distress to prevent improvidence; but really this is carrying that

theory a little too far. We should say rather, it is an *inexcusable* and *criminal neglect* on the part of those who have the management and responsibility of these institutions—a criminality which calls for exposure and punishment.

Can any one give us information respecting the poor-houses of our own State? EDS. PEN. JOUR.

IODIDE OF ZINC, AS A REMEDY FOR THE SEQUELÆ OF CONJUNCTIVITIS.

We are informed by Dr. Pitcher that in the treatment of the opacities which result from protracted inflammation of the eye, a class of cases which present themselves at St. Mary's Hospital, after the patients have exhausted their means upon quacks and nostrums, that he has derived very considerable benefit from the use of the Iodide of Zinc, as a local application. He applies it several times a day in solution, the strength of which is varied according to the sensation produced by it. Ordinarily it is made by dissolving ℈ss of the Iodide in ℥i of water. Some cases will tolerate a solution twice the strength of this.

In those cases of opacity resulting from inflammations excited by the explosions of gun-powder, or the introduction of quick-lime into the eye, in which the plastic formation was upon the cornea, the good effects were very obvious; less so, but quite appreciable where the deposit was interstitial, as in purulent ophthalmiâ, where the morbid state of the nerve of nutrition contributed to the disintegration of the cornea itself. C.

DESCRIPTION OF THE MICHIGAN ASYLUM FOR THE INSANE

SITUATION.—The Michigan Asylum for the Insane is situated at Kalamazoo upon the Michigan Central Railroad, one hundred and forty-three miles west of Detroit and fifty-one miles south-west of the Capitol at Lansing. The location is probably as central and convenient as any that could have been chosen, having reference both to the present means of communication with the various parts of the State, and to any other routes of travel likely to be projected hereafter. The site selected for the building is upon an irregular eminence, about one mile from the village, and sufficiently elevated above the valley of the Kalamazoo river to secure an extended prospect, and yet is well-sheltered and easy of access from the plain below. The location is in every respect healthful and desirable, and well adapted to the purposes and objects of an institution for the treatment of mental disease.

FARM.—The amount of land originally purchased for the use of the Asylum was one hundred and sixty acres, but to secure a more

desirable site for the buildings, an adjacent tract was subsequently added, making the whole amount of land in the possession of the institution one hundred and sixty-eight acres (167 76-100ths). Most of this land is finely timbered with the original growth of oak, hickory, and other trees, affording every facility which could be desired for beautifying the grounds. That in the rear of the building is broken, and falls, by a series of ravines covered with trees, about eighty feet to the valley below, through which flows a small but rapid stream of pure water. The buildings themselves will cover an area of one and one-third acres. It is designed to preserve about fifty acres in groves and woodland, with walks and drives, and the remainder will be devoted to ordinary agricultural purposes.

ARCHITECTURE.—The plans selected by the Board of Trustees were placed in the hands of A. H. Jordan, Architect, of Detroit, for the necessary elevations, details, &c. The style adopted is the Italian, it being the lightest, most cheerful, and least expensive for the effect required in such an extensive range of building.

MATERIALS.—The material used in construction is brick, covered with Roman cement and sand, and finished to represent freestone. The window caps, sills and brackets, belt-courses and capitals in front, are of white limestone from the Athens quarries near Chicago. The division walls throughout are of brick. The Asylum is built upon a system of fire-proof construction, nearly all the floors being laid upon brick arches sprung from iron girders, which beside providing against fire, give additional security to the building, and ensure its durability.

GENERAL PLAN.—The ground plans were furnished by Dr. John P. Gray, the accomplished Superintendent of the New York State Lunatic Asylum at Utica, under whose direction the work was commenced. It might here be remarked that the principles laid down in a series of propositions relative to the construction and arrangement of Hospitals for the Insane, unanimously adopted by the "Association of Medical Superintendents of American Institutions for the Insane," have been fully carried out in the plans adopted by the Board. The form and internal arrangement of the Institution will be readily understood by reference to the accompanying ground-plan. The Asylum building proper, the main front of which has an eastern aspect, consists of a centre and six wings. The centre portion of the main building is divided by the entrance hall into two nearly equal parts. That to the right contains in front, the principal office of the Institution, the apothecary shop, and an ante-room communicating by a private stairway with the Superintendent's apartments above; and in the rear, the matron's room and ladies' reception room; while that to the left contains in front, the public parlor and officers' dining room, and immediately behind these, the steward's office and mens' reception room. The second floor is appropriated exclusively to the use of the Medical Superintendent. Upon the third floor are the apartments of the assistant physicians, steward and matron. The basement contains the laboratory connected with the apothecary shop, and the officers' kitchen and store-rooms. Immediately behind the

centre building is the chapel, and still further in the rear the engine and boiler house. Extending from the centre building, towards the south for males and towards the north for females, are the several wards of the Institution, nine on each side including the infirmaries.

REFERENCES TO PLATE.—A. Public Parlor; B. General Office; C. Matron's Room; D. Steward's Office; E. E. Reception Rooms; F. Officers Dining Room; G. Apothecary Shop; H. Ante-Room; I. Steward's Store Room; II. Matron's Store Room; K. Associated Dormitories; L. Attendant's Room; M. Day Rooms; N. Parlors; O. Dining Room; T. Infirmaries; U. Chapel; 1. Boiler House; 2. Engine and Fan Room; 3. Laundry; 4. Drying Room; 5. Ironing Room; 6. 6. 6. Work Shops; 7. 7. 7. Covered Corridors.

APPROPRIATION OF WARDS.—The various wards in the Institution are appropriated as follows:

Nos.	Classification.	No. of Wards.	No. of Beds.		Total of each sex & class.
			Single rooms.	Ass'd Dorm.	
1 and 2	Convalescent and quiet, ...	4	80	16	96
3 and 4	Less disturbed, ...	4	56	32	88
5 and 6	More "	4	60	—	60
7	Demented, ...	2	20	—	20
8	" and Infirm, ...	2	12	—	12
9	Acute cases, &c. (Infirmaries.)	2	12	—	12
	Total.	18	240	48	288

The divisions for the sexes are equal. Eight of these wards, inclusive of the infirmaries, are upon the first floor, six upon the second, and four upon the third floor of the transverse wings. It is considered that, by means of these, any desirable classification of patients may be readily carried out.

ARRANGEMENT OF WARDS.—Each ward has the usual arrangement of corridor, sleeping-room, day-rooms and dining room; with two stair-ways, a clothes-room, lavatory, bath-room, water-closet, soiled clothes shaft, drying shaft and dust flue, to each. The corridors in the first, second and third wings are respectively, one hundred and fifty-five, one hundred and sixty, and seventy feet long; and in the third stories of the first and second transverse wings, one hundred and nineteen, and thirty-four feet long. They are uniformly twelve feet wide, and in common with all other rooms, sixteen feet in height upon the first and third floors, and fifteen upon the second. The dimensions of the single sleeping rooms are eight and ten by eleven feet, with an average cubic capacity of fourteen hundred feet. The associate dormitories are fourteen by twenty-one feet, and the parlors or recreation-rooms eighteen by twenty. Lateral recesses, extending into the projecting towers in front, form additional day rooms in the first and second wings, on either side. The dining-rooms are sufficiently capacious to accomodate the number for which they are intended, and are supplied with detached sinks, cup-boards and dumb waiters. The closets, bath-rooms, lavatories and clothes-rooms open upon an adjacent, and not upon the main hall, giving a very desirable

privacy. The bath and closet fixtures are of approved construction, and to prevent all possible danger from leakage, the service pipes are conveyed in a separate pipe-shaft, an arrangement which also facilitates and cheapens any repairs that may become necessary. Drying-shafts have lattice-work floors, and communicating directly with the ventilating cupolas, furnish a ready means of drying mops, wet cloths, damp brooms, &c., and thus materially assist in promoting the cleanliness and healthfulness of the corridors. To prevent exposure, the bath-rooms and lavatories have communicating doors, in order that the latter may serve in "bathing days," as dressing rooms to the former.

INFIRMARIES.—In a detached building in the rear of the first transverse wings, but connected with the wards by means of a covered corridor, an infirmary is provided for each sex. Fitted up with every convenience, they provide a very desirable place for the treatment of acute cases, of those who are seriously ill, or of any requiring special care and frequent medical attention. They can be reached at all hours of the night without disturbing any other portion of the house; they provide the means of isolation in case of the occurrence of any infectious or contagious diseases in the institution, and give to the friends of dying patiens an opportunity of administering to them in their last moments.

WINDOWS.—The windows are fitted throughout with a cast-iron sash, the upper half of which, alone, is glazed. Posterior to the lower half, and immediately against it, is a wooden sash of corresponding size and shape, moving free, and suspended by a cord and weight; the former being attached to the bottom of the sash, and passing over a pulley near its top, is always entirely concealed. The panes of glass are six by nine inches in size. The windows, where deemed desirable, are protected by a shutter of framed wicker-work, sliding into the wall, and retained there, as also in its position, by one and the same lock.

FLOORING.—The floors in all uncarpeted rooms are formed of one and one-half inch oak plank, grooved and tongued, and none of them being more than three and one-half inches in width. The sleepers and the iron girders supporting the arches, rest upon an offset in the wall, which, when finished, also form the cornice in the room below.

PROVISION AGAINST FIRE.—The horrible sacrifice of human life on the occasion of the burning of an institution for the Insane in one of the Eastern States, and the peculiar liability of these buildings to take fire, as shown by the frequent occurrence of such accidents, determined the Board of Trustees, although it would somewhat increase the price of construction, to make the Asylum fire-proof. The more recent partial destruction by fire of another institution has confirmed the wisdom of this decision. The use of iron girders and brick arches, as support for the floors, was consequently determined upon, and to secure additional safety, all connection between the wing and the centre building is entirely cut off by the interposition of a verandah of iron and glass, with communications from one to the other only through fire-proof doors. The location of the heating apparatus

and the kitchen in detached buildings under the institution quite exempts them from danger of destruction by fire.

CHAPEL.—A separate building immediately in the rear of the centre building, seventy by forty feet in size, contains upon its first floor a room for Chapel purposes, capable of seating three hundred and eighty persons. It communicates with the different wards by means of covered corridors, is appropriately fitted up, properly warmed and lighted with gas.

KITCHEN.—One central kitchen is intended to supply the whole institution. It is placed immediately beneath the Chapel room, with store rooms near at hand, and communicates with the dumb-waiters of the different dining-rooms. by means of a small car moving upon a covered railway. The building containing the Chapel room and kitchen is surmounted by a bell and clock tower.

WARMING AND VENTILATION.—It is now admitted as a principle that the warming and ventilation of buildings, corresponding in size and purpose with institutions for the insane, should be effected by one and the same process; and also, that means should be adopted for expelling the foul air to the same extent and simultaneously with the admission of fresh. The fact is also established, and in many Asylums has been confirmed by a costly experience, that the ordinary system of making the ventilation depend upon the spontaneous action of warm air currents, has failed to give satisfactory results. A perfect and equable distribution of fresh air, either warm or cold, and the necessary rapidity in the discharge of foul air, under all circumstances and in all seasons, can be secured only by a system of *forced* ventilation. This is found to be most efficiently and economically effected, by means of a fan, driven by a steam engine; effectual, because at all times under perfect control, and economical, because the warm air is more thoroughly and rapidly distributed. The primary cost is not great; it is not liable to get out of order, and the motive power is that required for other purposes.

The system decided upon is a modification of that in use at the New York State Lunatic Asylum, the efficiency of which is shown by the fact that in five similar institutions in other States, it has since been adopted, in place of furnaces and other means of heating and ventilation already in operation. It consists of boilers, an engine, a fan, heating surface and distributing ducts and inlet flues, with exit flues, foul-air ducts and ventilating cupolas. The boilers are four in number; these with the engine and fan, (the latter peculiar, from the circumstance of its delivering the air in the direction of its axis,) and the heating surface, consisting of a series of wrought iron pipe, are all in a separate and detached building. The air, after its delivery from the fan, passes directly forward beneath the Chapel. The main duct conveying it gives off a small branch to the Chapel, and another to the centre building. It then branches towards either wing, and another sub-division is made, one portion passing beneath the first longitudinal wing, and the other entering the proximal end of the second wing, passes on to the end of the extreme wing. The air-passage beneath the building occupies the middle portion of the base-

ment, or rather the space immediately beneath the floors of the corridors, and the distributing flues pass up in the walls upon either side of them. Exit flues are carried up in the same walls, taking their departure from two points, one near the ceiling, and the other near the floor of the room on either side. These again conjoin in the attics, to form the foul-air ducts, and empty out into the open air through the ventilating cupolas. Downward currents of air, for the ventilation of the water closets, will be secured through an arrangement of pipes terminating in the fire-boxes of the boilers. This very important department has been entrusted to Joseph Nason, Esq., of New York City.

Laundry and Work Shops.—The right wing of the engine and boiler house contains the wash room, drying and ironing rooms, and a similar wing upon the other side furnishes convenient rooms for the usual work shops. A close partition running from the rear of the Chapel to the engine house, with a covered passage-way on either side, provides ready and protected access to the shops and ironing room from the various wards in the house, and at the same time prevents all communication between the sexes.

Water.—Water for drinking purposes is drawn up from a well, while that for bathing and laundry purposes is forced up from a stream flowing in the valley immediately in the rear of the Institution.

Drainage and Sewerage.—Cast iron pipes will be used for connecting drainage in the rear of the wings, and will pass forward beneath the building at a single point only on either side. The drains and branch sewers will unite in front and pour into the common sewer, which is of brick, egg shaped, three feet high and two feet wide; this runs down the ravine in front of the Institution, and empties into a depot for the collection of solid material.

Illumination.—It is now universally conceded that gas is the only proper material to be used in lighting Asylums for the Insane. To obviate the only objection to its manufacture upon the premises, the gas-house will be placed just below the depot referred to. The gas-main will be carried up to the Institution in the sewer attached to its upper arch.

The general plan and arrangement of the building, as given in the preceding sketch, has been submitted to, and received the unqualified approval of many of the more experienced physicians in charge of similar institutions. From those most capable of judging, the Board has received the gratifying assurance that their effort to combine in one, the acknowledged excellencies of several recently-erected Institutions, with such improvements as careful study and experienced assistance suggested, has not been unsuccessful.

Until actually engaged in their labors, those to whom a State has delegated the duty of providing an Institution for its Insane, can form but little idea of the field, and the magnitude of the work before them. Insanity, unlike almost every other form of affliction, does not raise itself into prominence before the public; the community almost involuntarily turns from its contemplation, and its attendant sorrows are far too distressing to be obtrusive. The extent

of the disease is truly startling, and even public officers, the nature of whose duty we would expect to familiarize them with the subject, are scarcely prepared for the developments of carefully compiled statistics.

Its relation to the public in another connection has also been very generally misapprehended. Concealed from observation in almost all but the humblest walks of life, we have learned almost habitually to regard it as one of the circumstances, to say the least, of penury and want; but an intelligent investigation of the whole subject in a neighboring State has shown that it stands *third* on the list of CAUSES of pauperism! How important then for a State, with a view to economy only, to say nothing of higher motives, to make liberal provision for its early treatment and cure!

The most striking feature in the history of insanity is the great success which has attended the modern treatment of the disease, and later efforts to meliorate the condition of the Insane as a class. Very little progress seems to have been made in this respect until the commencement of the present century; previous to which time, the condition of the Insane, and the neglect and cruelty to which they were subjected, fills one of the darkest pages in the history of human sorrow.

Soon after this period, with reference, rather to the comfort and safety of the community, than to the wants and necessities of the lunatic, "mad houses" and receptacles were erected—prisons in every respect save the name—with stone floors, dark cells, narrow grated doors and windows, into which they were thrust indiscriminately and abandoned to utter helplessness and hopelessness. With these buildings and their brutal "keepers," with whips, chains and manacles, was associated every thing that was terrible. Says one, in describing them, "there was no amusements, no cheerful occupation, no books, no animating change or variety of any kind, no scientific medical treatment, no religious consolation. No chapel bell assembled the patients for prayer or suspended the fierce and dreadful thoughts and curses of the dungeon; no friendly face did good like a medicine." For reasons now very apparent, efforts to cure and relieve under circumstances such as these, were altogether ineffectual; no connected and philantrophic system of medical and moral treatment could be carried out with any prospect of success.

A more enlightened public opinion, urged on and supported by science and humanity, has since wrought a thorough revolution. Liberally constructed and well appointed Asylums are, one after another, springing into existence, and the results of treatment are becoming more and more successful. True, the same prosperity has not attended all. In a few, weighty obstacles, not, however, obscure in their nature, nor difficult of removal, seem to clog their operations; still the Annual Reports of the Asylums for the Insane throughout the land, constituting, as they do year by year, the history of insanity, bear evidence of steady advancement.

To inform themselves, therefore, of those principles upon the recognition of which this progress was founded, became one of the ear-

liest duties of the Board. The inconvenience, and almost impossibility, of wading through page after page of hundreds of annual reports and printed matter relating to the subject, was very apparent. The uselessness of traveling from institution to institution, finding something here worthy of imitation, and something there, when in fact, the excellencies might necessarily be peculiar to that locality, and of gathering these together to form a plan, was soon demonstrated. It was the wish of the Board to avoid multiplying mistakes, and repeating inconveniences, which some, from deep attachment to their institutions and long association with them, had half learned to admire, and were inclined to recommend. Another, and what has proven the wiser course, was adopted—the early appointment of a physician experienced in the speciality, to whose supervision the building, with all its details, might be intrusted. The frequent and expensive repairs of institutions, erected without such supervision, led them to look upon this as a matter of economy. Many of the Asylums of the United States were erected according to plans furnished by architects only, or by Trustees, without practical medical experience, and when supposed to be finished, have been found so ill arranged and defective as to call for large additional expenditures before they could be used.

It is, therefore, with what the Board venture to consider a feeling of justifiable pride, that they present it for the consideration of the Legislature and the State. And they would repeat their confident belief that no institution of the kind in any country, more perfectly embraces with economy of construction, all the necessary accommodations and conveniences which the experience of modern times has suggested. It is a matter of regret, even simply as far as the increase in cost of erection is concerned, that it could not have been completed at once. As before expressed in this report, the Board feel that no appeal is required in its behalf. The wants and necessities of the insane are generally recognized, and we feel assured of prompt and liberal action on the part of the Legislature. The need of an Asylum in Michigan is urgently felt. Among other instances somewhat similar, we have recently been made acquainted with the following. One of our citizens upon whose wife this heavy affliction had fallen, was obliged to go elsewhere for that relief not provided here. He went eastward. The crowded condition of the first institution at which he applied, prevented her admission, and he journeyed on—but before he could reach another, she sank from exhaustion and died in his arms. As might be expected, more or less afflicting instances, from time to time, have come to the knowledge of the Board, which they do not deem it desirable or necessary to record here.

In conclusion, the Board of Trustees would express their earnest hope that the institution will be at once completed and opened, and that those enlightened principles of organization and administration, which have formed the basis of the prosperity of many others, will be recognized and acted upon, in order to secure to it a future of the highest measure of success and usefulness.

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ORIGINAL COMMUNICATIONS.

ARTICLE I.

What is the Etiology and Pathology of Erysipelas?

Read before the Detroit Medical Society, by J. C. Gorton, M. D.

Erysipelas is a diffused inflammation of the skin and subcutaneous areolar tissue, affecting a part of the surface of the body and accompanied by fever, which is contagious and infectious. In its character, it is a congestive inflammation of the derma. It seems to establish a link of transition between eruptive fevers and the group of cutaneous exanthemata. In its transmission by infection and contagion, and in the presence of fever which precedes and accompanies the local affection, it possesses close affinity to the former, while in the frequent appearance of the disease without the concurrence of infectious and contagious causes, the absence of protection it affords against future attacks, and the appearance of the disease without the precursory fever, it approaches nearer to the latter. Locally it has a special disposition to spread.

In idiopathic erysipelas, the constitutional symptoms are chilliness, and rigors succeeded by flushes of heat, dejection of spirits, hardened quick pulse, loss of appetite, white and coated tongue, sore throat, nausea and vomiting, pain in the epigastrium with more or less constipation. These symptoms precede the local disorder for some days, increasing with the progress of the efflorescence and subsiding at its decline. In the progress of the local symptoms, the affection of the nervous system often becomes severe.

Local affection makes its appearance the second or third day from the commencement of the febrile symptoms, and is often accompanied with a soreness of the throat and congestion of the fauces. It has a special disposition to spread, is attended by swelling, a pungent burning heat, by a redness which disappears under pressure, and returns as soon as the pressure is removed. Simons observes that in the early stages of erysipelas the urine puts on the inflammatory character. It is frequently, Schonbern remarks, loaded with a bile pigment, and is of a dark brown or red color. In four cases, in which the morning urine was daily examined by these gentlemen, the evidences of inflammation were present in a high degree.

The specific gravity varied from 10 21 to 10 28. In four of these cases, the urine threw down a redish sediment; in two, a little albumen was present. The face is the most frequent seat of erysipelas, and is always dangerous from the great liability to occurrence of metastasis or extension to the brain, and is frequently succeeded by abscess and diffuse suppuration. When it terminates fatally, it is usually occasioned by effusion within the head; often the cause of death is from apnœa and infiltration of the submucous tissue of the glottis. In the scalp, it is often the consequence of wounds in the head. The parts are swollen and shining, of a darker red than when on other parts, and frequently causes death by its extension to the brain.

Phlegmonous erysipelas is much more severe in its nature than the simple varieties, as it affects the deeper seated tissue, the superficial and deep fasciæ as well as the integument. It may occur in any part of the body, but oftener in the extremities. In its diagnosis, the uniform redness of the inflamed surface and its partial seat sufficiently distinguish erysipelas from the other exanthemata.

A few instances have been recorded in which erysipelas is stated to have been universal, but such cases must be extremely rare.

The usual causes are cold, intemperance, suppressed perspiration and common excitements of fever acting upon an erythematic diathesis. In almost every instance, there is ordinarily a diminished vascular action, and hence we meet with this disease in women and children and such as are by any means possessed of a diminished vitality.

Every medical man knows that erysipelas is very often epidemic; in other words, it prevails in a greater or less extent at a particular time, in a particular location, among a certain class of people.

Wherefore it seems to depend on a peculiar constitution of the atmosphere, for during the time it prevails in such localities, the slightest scratch on the skin will set it up. I have known it follow the application of a blister to the chest, and I well remember when it was prevalent to an alarming extent in a district in New York, the case of a poor boy who barely escaped with his life from erysipelas in consequence of a flogging he received at school. But even when the disease is not prevalent as an epidemic, it may be produced by any one of the thousand circumstances that daily occur in life. There are many individuals who cannot take mercury in any shape or dose without being liable to an attack of it. Nevertheless I have cured many cases with mercury. Are not then the causes that produce this class of diseases generally, every thing that can set up fever? and what agent in nature, when abused, that will not do this? How often do we see it brought on by mechanical injuries as blows and falls; for instance, I am now treating a patient for stricture, in whom every introduction of a bougie into the urethra produces an erysipelatous eruption. Are not all these signs to be used as "counters to reckon by?" It is individual opinion collected, which forms public opinion so mighty in its power; so it is in transient symptoms here and there collected, which form our diagnosis and determine our mode of cure. To recapitulate then, injuries, passions, poisons—whether atmospheric or organic—are each, and all capable of producing the same constitutional disturbance, with any kind and degree of organic change, to which the subject of them may by original weakness of constitution be predisposed; to use a homely phrase: "When the whole house shakes the worst built room suffers 'first,'" and this, of course, differs with every house.

A blow on the head, nay an injury to so minute a member of the body as a finger may produce a general febrile disturbance ending in an abcess of the lung or liver, according to the predisposition of the patient.

It does not seem necessary to produce arguments to prove its contagiousness, yet I cannot forbear quoting some from a variety of parts, recorded by Dr. Wells, in his work on Cutaneous Diseases, that could scarcely be read by any without conviction. One of his examples embraces four individuals who received the disease in succession after direct contact or near approximation with each other. Another gives a like chain of not less than six in descent who were in like manner affected. Dr. Pitcairn also communicated to Dr. Wells this highly important testimony in addition: "A lady imme-

diately after delivery was attacked with fever which was accompanied with an affection of the skin like erysipelas. Her child, about three days after its birth, was attacked with erysipelas about the pudenda, which afterwards extended to other parts of the body and face. Both the lady and child died, and about eight days after, the lady's mother and servant maid, both of whom had attended it during its illness, were attacked with erysipelas of the face, from which both recovered.

Puerperal fever has also been shown to be a source of erysipelas, and the evidence on this head seems to place it beyond a doubt that the two diseases are reciprocally transmissible. It is useless at this day to adduce arguments for establishing the identity of the disease when epidemic with erysipelas. Every intelligent physician admits it. At the time before alluded to in New York, I attended a young woman in her second accouchment, which was easy and natural. On the second day, puerperal peritonitis supervened with very aggravated symptoms, unabated by any treatment, and which terminated fatally on the fourth day. In this patient, there were no symptoms of erysipelas, neither had their been any appearance of it in that section. Her mother and two other ladies who were with her more or less for the last twenty-two hours, and assisted in arranging the body for the grave, were each attacked on the fourth day from her death with febrile symptoms, soreness of the neck and throat, followed by erysipelas of the face, and proceeding with such rapidity, that in forty-eight hours from the attack they had both died with symptoms of suffocation. From these cases, the disease spread over that and the adjacent towns as undoubted epidemic erysipelas. A remarkable uniformity appeared in the earlier symptoms of these attacks. An uneasy feeling in some portion of the neck of variable severity and duration, a rigor, sometimes slight, and in others more marked, preceded the attack. The local affection in a majority of cases was in the fauces, embracing the glottis, rima glottidis, one or both tonsils, and often the base of the tongue, always attended with tumefaction, redness, difficulty of swallowing, and rapidly affecting respiration; pulse small and corded. The inflammation occupying the pharynx and contiguous parts would extend through the nose and make its appearance externally upon one ala nasi, and then spread with remarkable rapidity over the face, forehead and scalp, down to the neck, and often over a part of the trunk to the inferior extremities, and sometimes it would reach the ear by the eustachian tube, and then spread in the same manner. There was always a feeling of

fullness over the frontal region, with obstruction of the nasal fossæ, and more or less deafness; still the great point of suffering was in the throat, the respiration was long, laborious and croupy, with livid lips and stairing eye balls, and a feeling of immediate suffocation, which, in the three cases mentioned, undoubtedly took place. In those who survived the earlier attack, secondary inflammation of other parts followed the primary attack of the fauces after an indefinite period. The bronchia and pleura often became the seat of the disease; peritonitis often followed, and in females menstruating, the dermoid tissue of the vulva and contiguous parts became the seat of implication. The pulse presented in all cases the same character of hardness, smallness and rapidity. Adults mostly suffered, childhood and infancy were not exempt, often with them it was mild. In most instances, on the supervention of secondary symptoms, whether inflammation of the organs or erysipelas of the integuments, there was a gradual diminution of the pain and swelling of the fauces and face. This, however, was very gradual and not sudden enough to suppose it merely a change of location. Many attacks were, as far as could be ascertained, owing solely to epidemic influence; the patient being some distance from the diseased and not having any direct intercourse with them. But this was not always the case. There were others that left no doubt of its contagious character. Many severe cases were traced directly to this origin; numerous examples of this could be adduced even where the patient resided some miles from the point of contact, and from these again it spread over surrounding neighborhoods.

I could multiply many cases to prove that some predisposition undoubtedly must exist for its contraction; for, of those exposed to its influence, only about one-third appeared to be affected by it. I can give no opinion as to what that predisposition consists in, other than before referred to, peculiarity of constitution. I knew of none, however much exposed, having a second attack.

In post-mortem examinations which I made in the three cases mentioned, after a long and patient inspection of all the cavities and organs of the body, in one case I found no morbid appearance, excepting in the throat. The glottis was swollen and covered with a thick mucus; it completely closed the trachea, the rima glottidis, fauces generally, tonsils and base of the tongue were inflamed and swollen; besides these I could find internally no trace of disease. In the other two cases, with the same appearance in the throat, there was also a high state of action in the dorsal pleura, which was very

much congested and of a purple color. I could not think otherwise than that the immediate cause of death in these, was suffocation.

In its treatment, two objects are to be kept in view: viz., to remove constitutional disturbance and allay local irritation.

The first indication is to be effected by means of rest, an invalid diet mildly nourishing, a purge of Calomel and Ipecac., or Calomel and Rhubarb, to clear the alimentary canal and subsequently diuretics and diaphoretics. It must be remembered in the treatment that erysipelas actively exhausts the system; is asthenic in its character and speedily makes demand for supporting remedies, consequently we should be very careful in our treatment, of lowering the vitality; one or two of the purges above mentioned will empty the alimentary canal and biliary ducts and reduce the vascular system as much as it will bear, followed with the liquor Ammoniæ Acetatis, or Carb. Ammoniæ, in effervescence with lemon juice once in four hours, and two or three times a day as required, an anodyne to allay irritation, seems to be what is generally recommended by authors.

Dr. Robert Williams, of St. Thomas' Hospital, England, whose observations on erysipelas entitle his opinions to the highest respect, says: The manner in which I am in the habit of treating idiopathic erysipelas, whatever may be the part affected, or with whatever symptoms it may be accompanied, is as follows: Put the patient on a milk diet, open his bowels gently, and give him from four to six ounces of port wine with sago daily. This mode of treatment it is seldom necessary to vary throughout the whole course of disease. For the delirium if present is tranquilized; if absent is prevented, the tongue more rarely becomes brown, and only continues so a few hours; while the local disease seldom passes into suppuration or gangrene, in a word all the symptoms are mitigated and the course of the disease shortened." I have pursued this system for some years, and I hardly remember a case in which it has not been successful. Dr. Wilson says "the worst case of erysipelas of the head and face I ever saw was cured by Burton ale." The excitement which accompanies the fever is to be calmed by sedation, such as Hyosciamus, Morphine, Tinct. Aconite, &c., &c., the latter is particularly useful in quieting the action of the heart and promoting cutaneous perspirations. To allay the local irritation, a great variety of means have been by different practitioners recommended, among which are rest, position, evaporating lotions, warm fomentations and water dressings. A lotion, highly recommended by Dr. Wilson, is Sesqui-Carb. Ammoniæ, ℥i, the same quantity of Diacetate of Lead, ℥ss of

Laudanum and 1 pint of water. A favorite prescription of Mr. Guthrie was inunction of lard, the parts previously softened with warm water, and the surface covered with wool. Cauterising the inflamed surface with Nitrate of Silver, is with many a favorite remedy.

Mr. Liston prefers making punctures on the skin with the point of a lancet freely to the depth of a quarter of an inch, afterwards using warm sedative lotions as fomentation of hops, and repeating the punctures two or three times a day.

As a topical application for relieving the pain, compressing the surface and forming a covering impermeable to air, collodion is highly recommended; it should be applied with a brush over the entire surface and repeated daily. Velpeau recommends a solution of sulphate of iron in the proportion of an ounce to a pint of water, as a local application.

Dr. Fahnestock, of Pittsburgh, very highly recommends pure Creosote, applied locally. In the scalp, when it affects the deep seated texture, as in wounds and bruises, it is often relieved, and may be entirely cured by a deep incission carried down to the bone.

Of bleeding in this disease, Dr. Fitch, of Logansport, Ind., when it prevailed epidemically in 45, was an earnest advocate. He says it is the sheet anchor of his treatment. No remedy was so decidedly successful in so great a variety of treatment, no other remedy so frequently checked the disease, strangled it in its incipiency, or at least so modified its symptoms as to render its course comparatively mild, when had recourse to at a proper period, and to such an extent as the case demanded. He adds the time for the lancet was as soon as reaction was established after the rigor, next he remarks, an emetic followed by cathartics.

In my own practice, I have found the cases that were benefitted by bleeding rather the exception than the rule. I have found the best success in treating it as I would other acute fevers generally. Beginning with emetic or emeto-cathartics of Calomel and Ipecac, followed with Arsenic or Quinine and such combinations of diuretics and anodynes as the case required. As an external application, there is nothing in the whole range of remedies recommended, that has given me so general satisfaction as Tinct. Iodine, painted on the inflamed surface every hour or two with a soft brush until the cuticle is dry, and as a local application to the glottis, it has relieved the difficulty of breathing much more effectually than the Nitrate of Silver, with these and such remedies as Iodide of Arsenic, Lead and Iron. I have had but little difficulty in treating this disease; the

Iodine certainly, when applied sufficiently early, modifies essentially both the local and constitutional symptoms.

It only remains to notice one other form of this disease. Puerperal peritonitis is more formidable than any of its connections, and that it is one form of this disease, I have not the least doubt. Another matter, however, connected with it, is not so well understood. For its successful treatment, our success in this disease offers but a gloomy prospect to those liable to its attacks. Its fatality exceeds that of any of the acute inflammatory diseases. In Caledonia, in Vermont, of thirty cases but one recovered; in Bath, New Hampshire, twenty died in a town of 1,600 inhabitants. Hence we may suppose twenty were all that were attacked. (Amer. Med. Journal, Jan., 1844.) In my own practice at the time before mentioned, notwithstanding the known prevalence of erysipelas, peritonitis was carefully watched and promptly met, more than one half of all my cases died. A similar fatality seemed to pervade it everywhere. The most decisive treatment could not prevent this result. No treatment heretofore, that I know of has been attended with sufficient success to encourage us in its persistence. But of all remedies used none in my estimation, can be compared with bleeding if used liberally and early, as soon in fact as the diseases can be detected. If this period is lost, the golden moment has sped, and the lancet had better not be evoked, if not immediately after the rigor or else it will but speed her on her dark journey. The severity of attack and danger are proportionate to the time that elapses after the accouchment, before the rigor. If it appears only a few hours after the accouchment, the onslaught is so violent that only a partial reaction and for a short time may follow, the symptoms marking the approach of the last stage collapse; in most cases, a longer interval of two or three days, and in some cases more, may supervene, during which a view may be opened to the earlier the better and the greater hope of relief.

After bleeding, when the system is reduced to a natural standard, Calomel and Opium, two to three grains of the latter and ten of the former, in about 4 hours, followed in 24 hours with Castor Oil and Turpentine, to relieve the bowels; continuing the Opium and Calomel till ptyalism is established, and this in no single instance could I effect, unless bleeding had been first premised.

In all cases, when ptyalism was induced, my patient recovered. How far ptyalism previous to accouchment would protect the patient from peritonitis, I am not prepared to say. Having had no opportunity to test it, I think it would be worth trying.

In those patients laboring under erysipelas at the time of accouchment, it subsided in every case on the attack of peritonitis, requiring no further treatment, and in no case did any patient having had erysipelas, and recovered from it previous to accouchment have peritonitis after that event.

ARTICLE II.

An Abstract of a Report on Typhoid Fever, as occuring in the City of Grand Rapids and Vicinity.

Read before the Grand Rapids City Medical & Surgical Association, Feb. 16th, 1857, by A. PLATT.

A practitioner of medicine, having spent twenty and more of his years, as it were upon the frontier of civilization, who never visited a hospital and who never witnessed a continued fever prevailing as an epidemic, with experience so limited; for him even to express an opinion upon the pathological characteristics of typhoid fever, where men of enlarged experience, profound acquirements, and of the highest order of intellect have differed, may appear to savour somewhat of arrogance and egotism.

But if, in the disconnected thoughts presented, should they of themselves be of but little practical value, yet if they should be the means of exciting a spirit of investigation among the members of the association, he will consider his humble efforts abundantly rewarded.

There is in the profession two parties. One regards typhoid and typhus fever, as varieties of the same disease. The other, equally as respectable, as regards number and information, view them as distinct in their character.

In examining the history of typhus fever, we find that the earliest authors were compelled from these obvious differences to give a description of two varieties: "typhus gravior" and "typhus mitior"; the one malignant and the other nervous.

It would not become me, and it is foreign to my present purpose, to endeavor to reconcile these differences. But to give as correct a history of this disease as is in my power to do, as it occured in this locality. It is very well known that in those seasons, when our miasmatic fevers are prevalent, that the causes then predominating, influence and mask every other disease, the same influences exist during the prevalence of cholera, also may exist during a typhus epidemic, which

generally occurs in dense populous cities, camps, on board ships, and in prisons. There may be some, yea, many who are suffering from this epidemic influence, who are predisposed to enteric disease, perhaps from improper food, bad water, or by some idiosyncracy, that the two fevers may be so blended as to justify those practicing in such locations in the opinion of their identity. While those residing in rural districts often witness cases of typhoid fever occuring sporadic and endemic, but never during a long life have seen a case of typhus The latter hold to the contrary opinion.

The first cases that came to my notice were in the fall of 1853. They were distinguished by the insidious manner of their attack, with tenderness of the right iliac region, diarrhœa, epistaxis, deafness, but with no eruption. The cases were few and sporadic, and occuring during an epidemic of scarlatina.

From that time to the present, we have witnessed occasional cases of scarlet fever and of typhoid fever. During the summer and fall of '55, the disease became more prevalent. In the month of December, in an adjoining town, a family of eight adult persons, one after another was attacked with this fever, until the whole household was prostrated, with one exception. In the early stage of all these cases, the individuals were day after day languid and drooping, indisposed to either mental or physical exertion. On inquiry, they would not give you any definite idea of their feelings, but would tell you they had no local pain; but on pressure over the cœcum, you would find what the patient had not discovered, tenderness accompanied with pain. On the first two days, the tongue was coated with a light yellow coating, which disappeared and left it red, dry and glassy. At this stage, they generally had diarrhœa, hemorrhage from the nose pulse from one hundred to one hundred and twenty, with tympanitis The water this family had used was obtained from a well of thirteen feet terminating in clay. The rains during the summer and fall had been frequent and abundant, the well being supplied from the surface. Also there occured several cases in the fall of '56, in a house on Bronson street, in this city. The soil of this part of the city is alluvial and springy. The water used was from a spring about three feet deep; also the drain became obstructed, the water accumulated under the floor of the basement and became quite offensive. I had no personal knowledge of these cases, but from what I could learn the disease was similar to those above mentioned, they were attended by a Homœopath, out of the number of eight cases, three were fatal.

During these periods, the deaths have been comparatively few, and only two cases of post-mortem examination have been presented. In one of these, a man of forty years of age, who previous to the attack had enjoyed uninterrupted health, and who was during the first stage of his disease in charge of an empiric who had given him Quinine for several days, and followed it with a large dose of Calomel, hemorrhage of the bowels directly followed. At this period, he came under my charge. The hemorrhage was partially restrained by Acetate of Lead, but he in a few days died. In this case, the Peyer's glands of the ileum were found ulcerated, commencing near the ileo-cœcal valve, of the size of a quarter of a dollar, involving about three feet of the intestine near the valve, they were the largest and regular. The mucous and submucous tissues to the muscular coat were destroyed. As the ulceration receded, they were smaller, and the patches were found in all stages, inflammation, ulceration and healing, presenting in a few patches healthy granulations. The other case was a young lady, twenty years of age, of sanguine, nervous temperament, who previously enjoyed good health. She was brought in the early stage of the disease from the country to get medical advice, her friend who accompanied her, said: She was very queer, her countenance was dingy, pulse one hundred and ten, partially deaf, she experienced no pain. On pressure in the right iliac region, we found tenderness. She returned and subsequently fell into the hands of another practitioner, and in a few days died. In the Autopsy, there was found a very similar state of the ileum as before described.

Diagnosis, the only fever that there has been any danger in being confounded in this locality with typhoid, is our autumnal bilious remittents, accompanied with gastric irritation. The latter is generally ushered in by a chill. The remissions the first few days being well marked, soon, if the gastric irritation continues, the fever assumes a continued type. The tongue, having been coated now at this stage of this disease, became red and dry. Here the fevers may be confounded, but upon clear examination, the enteric symptoms will be wanting which characterize typhoid, such as the peculiar dingy complexion, tenderness in the right iliac region, and the peculiar susceptibility to cathartics, epistaxis, &c.

In regard to treatment, it is very important that a correct diagnosis should here be made.

"Here is another of the great facts, says Stokes, which show the impropriety of attempting to draw lines of distinction between what

are termed typhus and typhoid fevers; that the one exciting cause will in various persons produce the two diseases. For in the production of the effect of the poison, there are two elements, first the nature and composition of the poison which is to act, and next the chemico-vital state of the systems to be acted upon. The causes combined produce the result-fever. But if the cause being the same, the bodies be in different states, we may expect different kinds of fever."

The inquiry may here arise whether the exciting cause, or causes that generated typhoid in this locality, would generate typhus fever. The answer to this perplex question is, that it may possibly in other peculiar locations, but it did not here.

We know that fevers as well as other diseases are not bounded by distinct and well marked lines, but are often so blended like the animal and vegetable kingdoms, that it is very often difficult to distinguish them.

Names may give wrong impressions. Intermittent and remittent fevers express nothing more than simple fever with their individual peculiarities, and so with typhus.

But if typhus is, as contended by many, free from organic lesion, and typhoid is as a general rule connected with lesion, which surely is a well marked characteristic difference, then the latter typhoid fever should be erased from our nomenclature, and they should by the profession be considered as two distinct diseases, holding no nearer relation to typhus, then pneumonia with a low or asthenic state of the system does.

If I am to judge from my own observation of the characteristic symptoms of enteric fever, as it has appeared in this city and vicinity, I must confess I have seen but few diseases that manifested from their symptoms a more perfect individuality.

May not the lesion be the cause of the protracted stage of this fever? In passing through the various stages of inflammation, ulceration and healing, must necessary consume some considerable time, and from the great susceptibility to cathartics in its forming stage, the inquiry may also arise whether the local lesion is primary or secondary. The duration of the fever was from fifteen to forty days.

In regard to its etiology, the facts derived from the family in the township of Paris, also the cases occuring on Bronson street, both families using surface water, holding in solution large quantities of vegetable matter, may have heen the exciting cause.

Treatment.—Can we cure fever? "No," says an able writer, "we cure the patient by preventing him from dying, and herein lies the whole secret of treatment of enteric fever, to preserve the patient at the least expense of his constitution up to the time, when by the natural law the disease will spontaneously subside."

This disease must be greatly modified by location. Dr. James Jackson, of Boston, in his letters to a young physician on the treatment of typhoid fever, recommends emetics in the early stage of the disease, and to give cathartics at the commencement and antimonials in doses, not sufficient to induce nausea or vomiting, are (he says) the principal. The above, in this location, I must say, although with much diffidence, would be improper treatment. The disease, as appearing in this valley, has been of minus vitality. The unusual susceptibility to the influence of cathartics must be born in mind in our administration of medicine; yet it is necessary in the primary stage of this fever to evacuate the bowels, in order to remove all irritating matters from the mucous surface. Rhubarb, combined with three to six grains of Calomel, I prefer; general bleeding I have never found indicated; in tenderness of the bowels, the application of warm Sprts. Turpentine or Mustard, diaphoretics, Acetate of Ammonia, and Sprts. of Nitre combined, alternated with Dover's powders, when the latter is not contra-indicated by stupor. The diarrhœa should not be meddled with, without it should become exhausting; if so, give Acetate of Lead, combined with the Dover's powder, or with Laudanum in solution. When the fever has progressed for a time, the tongue dry, bowels tympanitic and the glandular secretions, locked up, Sprts. of Turpentine from five to fifteen drops, given every three or four hours in an emulsion of Gum Arabic, or sugar, also tonics, as they from time to time may be indicated.

ARTICLE III.

The N. E. District Medical and Scientific Association.

The annual meeting of the above association was held at Mount Clemens, Macomb Co., on the 10th inst.

The meeting was called to order by Dr. Seth L. Andrews. Minutes of the last meeting read and approved.

Dr. Andrews made a report on his meteorological observations from Jan. 7th, 1856, to the present time.

On motion, the time and place of the President's address were fixed at half past six o'clock at the Presbyterian church.

On motion of Dr. H. Taylor, a committee of three, consisting of Drs. Stockwell, Willson and Hubbard, were appointed to report the names of new members. The committee reported the names of Dr. W. C. Smith, of Troy, Dr. R. G. Jennings, of Lapeer, and Dr. O. B. Reed, of Newport, who were admitted as members.

On motion, a committee of three was appointed to report names for officers for the ensuing year. The committee consisted of Drs. Hubbard, Willson and Chapman, who reported the following persons, who upon motion were unanimously elected.

President: Dr. C. M. Stockwell, of Port Huron.
Vice President: Dr. Chester McCollum, of Auburn.
Secretary: Dr. P. A Knight, of Utica.
Treasurer: Dr. John P. Willson, of Pontiac.

Dr. P. A. Knight offered the following resolution, which was unanimously adopted:

Resolved, That G. H. Lewis be received as an honorary member of this association.

Dr. Stockwell, elect, having taken the chair.

On motion of Dr. Taylor, a vote of thanks was tendered to the retiring officers for the faithful and judicious discharge of their duties.

Dr. Phillips, of Oakland, reported several cases of encephalus, (Query. What is meant by encephalus?) which he had recently met with in his practice, and presented one interesting specimen, which he had presented, for examination.

Drs. Andrews and Stockwell reported several cases of a similar nature.

On motion, the Association proceeded to elect delegates to the National Medical Association, to be held at Nashville, Tennessee, on the first Tuesday of May next, which resulted as follows:

Oakland: Drs. J. P. Willson and W. C. Smith.
Macomb: " S. L. Andrews and J. M. Chapman.
Lapeer: " O. P. Strobridge and R. G. Jennings.
St. Clair: " O. B. Reed and C. M. Stockwell.

On motion, the Association proceeded to elect delegates to the State Medical Association, to be held at Ann Arbor on the last Thursday of March next, and resulted as follows:

L. A. Hubbard, of Macomb.
J. P. Willson, of Oakland.
A. R. Stone, of Lapeer.
O. B. Reed, of St. Clair.

Dr. Taylor made a report of a post-mortem examination of James Warner, of Macomb Co. (Whereupon)

Dr. Jennings offered the following resolution:

Resolved, That we exonerate Dr. Taylor from all the imputations cast upon his character by Dr. Terry, of Detroit, by an article published in the *Independent*, relating to the medico-legal examination of James Warner, of Macomb Co., before the late Circuit Court of said county; and furthermore we believe Dr. Taylor made a faithful and acurate autopsy of said case; and that we believe his conclusions as to said Warner's death were warranted by said autopsy.

After some discussion, the Association, not deeming it proper to act in the matter of the above resolution, it being of a personal nature unless both parties were present or represented, it was laid upon the table.

On motion, the Association proceeded to elect the usual standing committees, which resulted as follows:

Action of Remedies:	Dr.	Hubbard, of Macomb.
" "	"	Paddack, of Oakland.
Epidemics:	"	H. Taylor, Jr., of Macomb.
"	"	W. C. Smith, of Oakland.
Surgical Practice:	"	P. A. Knight, of Macomb.
" "	"	Willson, of Oakland.
Obstetrics:	"	Kenny, of Lapeer.
"	"	Phillips, of Macomb.

Dr. Stockwell presented the name of Dr. Reuben Crowell, who was accepted as a member of the Association.

On motion, the matter of charges against Dr. Buffum was taken up. A communication from the Doctor was received, read and placed on file.

On motion, the whole matter was laid on the table until the June meeting of the Association, and the Secretary was directed to furnish Dr. Buffum with a copy of the charges.

Dr. Andrews proposed the names of Drs. Randolph Bancroft, of Romeo, Dennis Cooley, of Washington, and Neil Gray, of Ray, as honorary members, who were elected as such.

Dr. P. A. Knight offered the following resolution:

Resolved, That the proceedings of this Association be printed in the *Peninsular Advocate*, and a copy of it be sent to each of the several committees.

Several very instructing cases were reported by Drs. Knight, Taylor and Andrews.

Dr. Knight offered the following resolution:

Resolved, That when we adjourn, we adjourn to meet at Port Huron on the second Wednesday of June next.

On motion, Dr. Andrews was permitted to use the meteorological materials of this Association for state purpose.

On motion, the Association voted the request of the President's annual address for publication in the *Peninsular Advocate.*

Dr. Hubbard offered the following resolution, which was adopted:

Resolved, That the proceedings of this Association be presented to each of the medical journals in this State for publication.

Dr. Smith, of Troy, offered the following resolution, which was adopted:

Resolved, That any member of a standing committee, failing to furnish his required report, be subjected to a fine of one dollar.

Dr. Taylor offered the following resolution, which was adopted:

Resolved, That in the opinion of this Association, it is a duty incumbent upon the present Legislature to pass an act for the registration of births and deaths.

On motion, the Association adjourned to meet at Port Huron on the second Wednesday of June next.

C. M. STOCKWELL, President.

P. A. KNIGHT, Sec.

A Good Collector.—The celebrated Dupuytren had a faithful servant, who was always stationed at the door of his hall. There were two bells fixed over his porter's head, communicating with the consulting room. On bowing the patient out, Dupuytren rung one of the bells. If the fee had been paid, one particular bell was rung, and the servant understood that all was right, and the patient was allowed to depart without any interruption. If the patient forgot the baron's fee, the "no pay" bell was tingled, and the servant addressed the patient very politely in the following manner: "Mille pardons, Monsieur, I think you have forgotten to give the baron his fee." "*Ciel*," exclaims the patient, "*quelle negligence, le voici, avec mille apologies au baron.*"

ARTICLE IV.

Analysis of Mineral Water, from a Spring near Monroe, Mich.

BY PROF. DOUGLASS.

Specific gravity, 1003.24. Reaction, slightly alkaline; taste saline; no odor; appearance clear and limpid.

100 parts evaporated to dryness gave a solid matter .240.

Analysis of 100 parts gave of

Water,	99.760000
Silica,	.004500
Chlorhydric acid,	.001233
Sulphuric,	.113427
Carbonic,	.006847
Oxide of Iron,	.000673
" Magnesia,	.005729
" Lime,	.077999
" Potassium and Sodium,	.003333
Loss of organic matter,	.026259
	100.

These bases and acids may be supposed to be arranged as follows:

Carbonate of Lime,	.015666
Sulphate of "	.167960
" Magnesia,	.016786
" Iron,	.001439
" Potassa,	.006106
Chloride of Soda,	.002030
Water,	99.760000

As this water was procured about the time of the recent heavy rains and sudden thaw, it is to be presumed that the spring was largly overflowed with rain and snow-water, and that the analysis as a consequence shows a much less amount of the salts than the average of the year.

The spring is reputed to be a sulphur spring, i. e., a spring yielding a quantity of sulphydric acid or sulphuretted hydrogen. The absence of this constituent is attributable to the season of the year. During the summer season, the organic matter, in a state of decomposition, would furnish hydrogen in the nascent condition, which, by decomposing the sulphates to a small extent, would impregnate the water with sulphuretted hydrogen.

March, 1857.

The mineral contents of this spring are not of such a character as to merit special attention as a medicinal fountain, even if found to exist in larger proportions, as has been suggested by Professor Douglass, at other seasons of the year. Lime, in the form of Novascotia plaster, is its largest constituent. This is more useful as a fertilizer than a medicine. And the common and epsom salts are not sufficient in quantity, even if not embarrassed by the presence of the sulphate of lime, to be made available as an aperient.

EDITORS.

Transactions of the Fifth Annual Meeting of the Michigan State Medical Society, Held at Ann Arbor, March 25th, 1857.

The meeting was called to order at 10 o'clock A. M. by the President, Dr. J. H. Beech; the roll was called by the Secretary, and the minutes of last meeting read and approved.

In consequence of the non-arrival of many expected members, the regular order of business was suspended, and the reading of the President's address deferred till 2 o'clock P. M.

The Society then proceeded to the election of new members when the following gentlemen were proposed and elected:

Dr. G. E. Corbin, of Stockbridge.
" E. C. Dutton, of Eaton Rapids.
" Axford, of Detroit.
" Fanner, of Ann Arbor.

On motion of Dr. Beech, Dr. Wm. Sprague, of Coldwater, was elected an honorary member, and on motion of Dr. Pitcher, Dr. G. B. Russel, of Detroit, was elected an honorary member.

It was moved and carried that a Committee of five be appointed by the President to nominate officers for the ensuing year.

The President appointed the following Committee:

Dr. Arnold, of Monroe.
" Stockwell, of Port Huron.
" Axford, of Detroit.
" Whelan, of Hillsdale.
" Collins, of Eaton Rapids.

Dr. Pitcher presented a paper from Dr. Morse Stewart on the Meteorology of Detroit, and moved that the same be read by title and referred to Committee on Publication. Carried.

Dr. Pitcher also presented a paper, a Statistical Examination of Diseases in his practice during the past year, which was on motion read by title and referred to Committee on Publication.

Dr. Stockwell remarked that he believed that a change of time for holding the meetings would result in bringing a larger attendance, and moved that a Committee be appointed to inquire into and report upon the matter.

Dr. Whelan also spoke in favor of changing the time, and advocated holding the meetings in Detroit instead of Ann Arbor.

Dr. Pitcher moved that the Committee be instructed to inquire and report in regard to the expediency of holding biennial meetings at Lansing during the session of the State Legislature, and on alternate years at such place as the Society shall determine. Carried.

The President appointed the following Committee on this subject:

Dr. A. B. Palmer, of Ann Arbor.
" N. D. Stebbins, of Detroit.
" C. M. Stockwell, of Port Huron.

The Society then proceeded to the election of delegates to the American Medical Association. On motion, Dr. L. H. Cobb, of Detroit, and Dr. Z. Pitcher, of Detroit, were appointed to serve as delegates, when the Society adjourned to 2 o'clock P. M.

AFTERNOON SESSION, 2 P. M.

Meeting called to order by the President; minutes of morning session read and corrected.

On motion of Dr. Palmer, Dr. J. F. Weeds was elected a member.

The Society then listened to the excellent address of the President " On the Position and Duties of the Society."

Dr. Palmer moved a vote of thanks to the President for his excellent address, and that he be requested to furnish a copy for publication in the Transactions of the Society, which was unanimously carried.

Reports of Committees being in order, the Committee on Nominations reported as follows:

For President: Dr. N. D. Stebbins, of Detroit.
" Vice Pr. " C. M. Stockwell, of Port Huron.
" Secretary: " E. P. Christian, of Detroit.
" Treasurer: " S. A. Douglas, of Ann Arbor.

Report accepted and nominations confirmed by the Society.

The President elect, tendered his thanks to the Society and begged the privilege of declining, but on motion of Dr. Pitcher was conducted to the chair by the Nominating Committee.

Dr. Palmer, chairman of Committee on changing time and place of future meetings, reported as follows:

Resolved, That the constitution be so amended that biennial meetings of this Society shall be held at Lansing during the session of the Legislature, on the 3d Wednesday of January; and the alternate meetings at such time and place as the Society at its meetings not held at Lansing, by vote from year to year, may direct. Report accepted and resolution unanimously adopted.

Dr. Beech moved that the next annual meeting be held at Detroit on the 3d Wednesday of January, 1858. Carried.

On motion of Dr. Palmer, the following new members were elected:

Dr. S. J. Redfield. Dr. G. B. Willson.
" J. B. Ford. " H. M. Lilly.

Dr. Beech presented a paper, a statistical analysis and registration of the diseases in his practice during the past year, with remarks, of which he gave an abstract, and the paper was referred to Committee on Publication.

Dr. Christian gave a synopsis of his report, which was referred to same Committee.

The Society then proceeded to fill up the number of delegates to the American Medical Association, and the following gentlemen were appointed:

Dr. Patterson, of Tecumseh.
" Stebbins, of Detroit.
" Downer, of Northville.
" Ewing, of Dexter.
" Gorton, of Detroit.
" Douglass, of Ann Arbor.
" Davenport, of Detroit.
" Landon, of Monroe.

Dr. Palmer moved that the appointees have power to appoint substitutes and also to fill up their number to ten, that being the number to which this Society is entitled. Carried.

On motion, the following Committee was appointed by the President, on Publication, viz.: Drs. Palmer, Sager and Denton.

On motion of Dr. Christian, Dr. Stockwell, of Port Huron, was appointed Chairman of a Committee to report at the next meeting, on the Diseases and Topography of the North-East Section of the State.

On Motion of Dr. Stockwell, Dr. Sager was appointed Chairman of a Committee to report at next meeting, on Puerperal Diseases.

On motion of Dr. Palmer, Dr. Dubois was appointed to report on Rheumatism.

Dr. G. E. Corbin was appointed to report on Diseases and Topography of Livingston and Eaton Co's.

Dr. Thompson also on Diseases and Topography of his section.

" Collins " " " " " "

" Davenport " " " " of Wayne Co.

" Axford to report on Vaccination.

Dr. W. W. Hipolite was elected a member and appointed to report on Zimotic Poisons of this State.

Dr. Palmer was appointed to report on Diseases of Children, and Dr. Denton to report on Diseases of the Aged.

Dr. Denton, in behalf of the Faculty of the college, extended an invitation to the Society, to an entertainment at the residence of Prof. Douglass, given in honor of the graduating class.

Moved by Dr. Beech, that the invitation of the faculty be accepted, and the thanks of the Society be returned. Carried.

On motion, it was resolved that the Transactions of this meeting be published in the *Peninsular Journal of Medicine*, and the surplus funds be appropriated to that purpose.

On motion the Society adjourned.

PRESIDENT'S ADDRESS.

The Annual Address to the Michigan State Medical Society for the year 1857, *on the Position and Duties of the Society. By J. H. Beech, M. D.*

GENTLEMEN:—It is with no ordinary commingling of diffidence and pleasure that I greet you on this anniversary of our social compact, within these walls, consecrated to the most exalted and extensive of sciences. Four previous assemblages on the great errands of fraternal culture have initiated many of us in each others' favor, and as from hand to hand and eye to eye mutual recognitions pass, a joyous thrill vibrates each sentient cord, warming to melting mood, the heart of hearts.

In the name of a grateful public, to whose welfare you have devoted your best energies during the days and nights of another year, I congratulate you in the kindness of Providence which has re-assembled us nearly unscathed, from noxious fen and pestilence, undaunted by the vicissitudes of either summer or winter solstice, sobered, but not subdued by fatigues, privations, anxieties, watchfulness and hunger

unknown to other professions; purified we trust, not spotted, by temptations which assail no other rank in life so strongly.

We wish you the more grateful siesta from your oft unrequited toil. Nor is this relaxation from our ordinary duties an idle moment in which we look for a renewal by inactivity, but like the varied exercises of the "athlete," a harmonious change equally important in ultimate results. Let us be thankful that our divergent paths admit of here and there a ganglionic link, wherein we may renew our professional zeal by reflex influence, and burnish anew the weapons we wield against "the ills which flesh is heir to," at one of the great armories which give power to those who carefully select their equipage, while the social man may be benefited by realization of the physical and psycological stamp of those who from various causes have chosen similar channels for life labor. Here is an oasis in the dreary desert of human selfishness, where the halo of high hopes of usefulness in friendly concourse may hide the distorted features of personal ambition and petty jealousy. Whilst we are confident that care has lengthened and deepened her furrows on the brows of this honorable assembly, and memory tells of absent ones we had expected to meet, and of some who have gone to that "association" where "the Great Physician presides: we still are overwhelmed with gratitude that so many yet adorn these seats with so much evidence of mental and physical vigor, and that we receive from time to time allies who have stood martialed in reserve and new recruits trained with exquisite skill, to whose keen preceptions, the eyes with lengthening visual angle must soon yield the glory and the contest.

Care-worn and weary, some have convened, to review hastily the work of the retiring year, and devise for further months the most feasible plans for the advancement of true knowledge; whilst our young friends so long held in the leash of University curriculum, will scarcely sit quiet during the few moments, which the demand of custom and our constitution, rather than presumption of personal fitness, place us in the relations of auditors and speaker.

The intention embodied in the usage, so universal among all associations of enlightened men, is, that the designs, progress, prospects and duties of the respective organizations may be succinctly exhibited preparatory to competent action. I, therefore, attempt a work in which I feel a conviction that most of my auditors would excell me. It is fortunate for us all that my duties are not of the oratorical character; or, the subjects so uninteresting to you, that exciting harangue and embelishing style, are essential to secure your attention.

The past year has possessed peculiar interest to the medical profession of this State, and through it, to each citizen who realizes the importance of "high standing" of his medical advisers, their encouragement and honor, or even indulges in "*gloria loci.*" The American Medical Association has honored the repeated invitations in which you had joined with the Detroit Medical Society, to hold a session in the favored "City of the Straits," and although myself prevented joining in their reception and entertainment, by painful illness of her, to whom my first earthly service is most sacredly pledged, I have reason to assure you that the anticipations of pleasure and profit were fully sustained. Its genial influence has radiated through our portion of the Great Commonwealth with healthful glow, breaking, like the morning star, the dismal night of quack delusions, giving hope of an enduring day, when candor and intelligence shall prevail, and honor be accorded to whom it is due, when fancied reforms shall have more circumscribed areas, serving like flitting clouds to render more grand and preceptible the effulgence of that luminary which borrows no light. The unceasing din, which sounded in our ears, a few years ago, of the "non-progressiveness" of medical and surgical sciences, has of late been hushing into comparative and respectful silence. Quixotic enthusiasts, who believed that in medicine every step should be a journey, ignorant of the true spirit of progress, taunted us in days of yore with improvidence and indolent conventionalism. There still exists a "monumental" phalanx scattered here and there, at whom they may well fling their geers, antipodes of simpering charlatans, who claim our fellowship, taking to themselves especial glorification for the several advances made in particular treatment and duly accredited operations.

Anon, with startling accusations, like the cry, "stop thief," they try to divert attention from their own depredations.

We trust our voluntary associations may show a clear line of distinction from hypocritical pretenders. Very few communities are now ignorant of the claims our profession has to the foremost rank, in improvements. The fashion of the past has been to misjudge and decry that which was not easily attained; but we may safely expect "Dame Fashion," soon to change her garb. Turn the evanescent literature of the day—two-thirds of the columns of the newspapers, and one-half of the superficially educated clergymen, who try to make themselves appear wise by croaking ignorantly to the ignorant, with several thousands of unprincipled commission dealers in the land against the validity and supremacy of our laws, or against the

"Holy religion of Christ," and how long would public confidence remain unshaken? Anarchy and confusion, unsurpassed by the grossest injustice of barbarism, would soon rule in court and cabin. The bloody history of France tells where the institution of the Saviour would be driven. A few faithful votaries would shake from themselves the accumulated filth and maintain evangelical purity; but we doubt their equaling in numbers the staid men of our profession: not that the cause is *less*, but that fanaticism, and infidelity are even more contagious than quackery.

Were knavish huxters allowed to gain a living and opulence by distributing lascivious cards and anonymous valentine notes, unthreatened by law, instead of bibles, tracts and moral literature, petted and praised by those who were ignorant of the material circulated, as are scores of certifiers of the thousand compound drugs they endorse, and what comparison would the literary world bear to the *worst* days of medicine?

Fashion may change the "venue." Astute knaves have, and may again assail other fields, upon which they may fatten, and which may not bear their ravages better than our well tried science. We trow, it is not our mission to chase down quackery, but carefully keep ourselves unsmirched of its principles, and truth and honesty will prevail. In my youthful days, I have watched the progression of the meadow frog, and for aught I could see its prospects for flying were as good as the young robin's that hopped beside him, and we almost feared our feathered songster was to be outdone by the verdant amphibian. Time has shown me that however beautiful they may sail "per saltum," or loudly they vociferate, they will never soar aloft to meet the sun, or deceive the world long, in regard to true harmony. Just so with the croaking and screeching tribes of empirics. They can hop as true science may do in its early efforts, but there is a limit to their progress and popularity, and he who attempts a crusade against them, bespatters himself to as little purpose as did the patriotic Hibernian, when he turned from his path to teach their prototypes the ill manners of saying: "*We're Irishmen to—we are Irishmen too.*"

The unstable progress of medical literature and advancement in the early and middle ages seem to have been but the "hop and skip" to increase momentum; while for our time is reserved the stupendous leap, in which the united abilities of all civilized nations are carrying medicine and surgery, far beyond the goal of empyricism, upon the resting place of exact sciences, and each step of advance

should find some "ready writer" prepared to record its history and topography. It may be asked what our unpretending society has done in this drama?

It is for our encouragement, and proper, that we answer: that your influence has been equal to all reasonable anticipations.

At all events, we have been regularly cheered by respectable increase in numbers and unity of purpose, and we are better qualified for future duties by those we have performed. It is not the final blow which embodies all the power and merits all the praise of conquest. Uninvited and uncontrolled by legislative enactments, you have secured a respectful recognition among the honorable institutions of the land. Every candid and enlightened mind must appreciate the benefits of mutual interchange of thought and experience in your papers and debates. The medical journals of our state must have yet been comparatively feeble or unknown but for the spirit for reading and communication, with the "*amor civitatis*" which you have annually fostered. You have sustained the hands of the teachers of sciences in our university by your approval, almost without exception and without reserve.

You have watched with guardian care the performances of her medical graduates, and added importance to the honors which they have won, by your presence when they were conferred.

A prudent forecast and persevering use of the growing influence which is already implanted in your institution, must extend your power to all that is desirable in a voluntary society.

The cautious manner in which the American Medical Association has conducted its operations, has won the esteem of all ranks of enlightened society, and may well be our pattern for the future. Its independence of external influences, and careful preparations annually made to advance the great trusts which it has assumed, are guarantees of its perpetuity, and alike honorable to those who called it to vitality from the "dry bones" of dismantled hosts, and who cherish its growing strength. The time of our formation as of that was particularly fortunate. All the powers of quackery, in protean legions, armed with such tongues as once wagged in Sampson's weapon, were martialed through city and solitude, assailing public credulity from ambushes on every side. Their implements of warfare did not come within the range of old organizations, and in many instances these found their "occupation" as public guardians gone, because there was no *sane public* to guard. Utopian dreams of general benefit from popular education in physiology had spread through our coun-

try ephemeral lecturers, themselves less than half-schooled in a most abstruse science, attempting to introduce the "masses" to a mysterious *something* in a mystic dialect, proving for the time that "a little learning is a dangerous thing;" for, when they saw "men as trees walking," they supposed their eyes were fully opened, and ever gullible as they are, they believed they could protect themselves.

Former salutary legal supports reciprocating benefits were annihilated by several State legislatures, or weakened by sentiments promulgated under the bewildering cry "persecution!"

The material existed in the community, but like Israel's ancient army, waiting for inspiration to array a valiant host.

True to the character of American institutions, the American Medical Association lives upon individual exertion, chastened by the conservative influence of mutual responsibility.

Its sphere is not simply to refute the vauntings of "gull-catchers, or tear the fluttering rags from their standards, but to keep itself aloof from their toils, while it advances that which is useful, and elevates our profession to conspicuous distinction. Its influence, if not already apparent, will in time be developed in the remotest nook of our continent.

The collateral associations and institutions are the arterial trunks in this economy, and if their delegates possess normal resiliency, communicate the vitalizing principle with scarcely abated warmth to the individual capillaries. Each capillary may change its capacity under force of circumstances, and bear new responsibilities. No member of the medical profession proper should be indifferent to the action of the great central organ, and our attention may profitably be given to the changes proposed in its character and operations. To some of these, your deliberate consideration is respectfully invited. Bi-ennial meetings in some particular city, or tri-ennial in our National Capitol, have been proposed and are favorite schemes with some who, we believe, are not aware of sectional bias. Either plan possesses some enticing features. In connection with one, it is proposed to solicit the patronage of a stately exotic, which has fruit enough of its own to ripen. A permanent secretary would be among the necessary additions to the present corps of officers, for whose remuneration no inconsiderable drafts would be required from those funds which may now be awarded for investigations and scientific essays.

That many valuable productions will not pay the usual profits of publication, and require extra aid to bring them before the public,

the doings of the Honorable Sydenham Society and several excellent contributions to the American Medical Association teach us to believe. The plans in question would undoubtedly build up an institution which coming times would honor; and future sages might bask in the genial light of its scientific accumulations. But is such a partnership desirable?

Would the true objects for which the "Association" was formed, and which are sufficient for unlimited labor, be thereby accomplished? Would not meetings, established by constitutional provisions, at regular intervals in any populous or inviting locality call together the loquacious, the affluent and the ambitious from convenient distances, while the intermediate convocations would be sparsely attended, except by those living in the vicinity of the appointment?

A majority attending the latter meetings being unfamiliar with practical working, they would be more assailable for the designing, and much unprofitable action might be done; or, after a little, these meetings would only organize and adjourn, leaving all important affairs to be transacted at the metropolis by the favored few, and the universal enterprize and zeal heretofore evinced, soon be lost. With profound veneration for well stored archives, ponderous accumulation of wisdom's treasures, and trophies of mighty scientific achievements, we respectfully doubt if this is the great or proper design of the American Medical Association. The time may have come when this labor is required at the hands of some organization.

We think the American Medical Association has done much to prepare the way for these duties, and should not be diverted from its well tried and useful course. If it is, some new society will be necessary to take its place, tributary to it, and fan the oft' blurring embers of the document department.

To our mind, the framing of a new organization, out of the material existing in the present, having in charge the objects aimed at, governed by delegated authority and sustained by the exuberant enthusiasm of the "*Alma Mater*," would better subserve the ends of general medical advancement, while each portion of our fair domain should continue to be cheered by its impartial visits; and neither north, south, east or west hold place of distinction or favor in our original compact. By this universality, latent talent will continue to be revealed and practical knowledge elicited, as in the years of its infancy.

Another object of proper care, to us as an association, is the educational system of this State, and especially the Medical department of

our University. There are evils hanging around such freely granted favors and liberal endowments, as we yet hope to see secured, from which we may be a partial shield; which we shall avoid much better by keeping a vigilant eye, than in drowsy gratulation, that "our lines have fallen to us in pleasant places." It will not be the fault of enemies or competitors, if we are not warned of reefs and quicksands by the imaginary revelations of their spy-glasses.

We may afford to be thankful for their criticisms, when prompted by love for scientific purity, and should not disregard them even when soured by adventitious circumstances. We would not limit numbers, nor make invidious selections of those who may reap the benefits of our institutions, but exhort each member to take heed to the natural endowments of those whom they send from their offices, and impress the young aspirants with the importance of thorough mental culture and superior preliminary education. The great haste predominant in "Young America," to assume the honors and responsibilities of life, induces our young men to rush upon various fields of action, so poorly equipped, as to make them tremble like "raw militia" when the heat of the conflict is around them, chagrined to behold those well drilled, engineering their way by the light of sciences made familiar, to that distinction, which they had hoped to gain so easily; but to acquire which, they must add the labors of the student to the duties of an expert, through long days and nights; and finally, when health and constitution totter under wasting application, often see the goal to which they aspired, yet in the distance, more painfully desirable from the keenness of cultivated vision.

There is a charm in the reputation of the "self-made man," and the few who have adorned the "temple of science," with laurels of their own gathering, almost unaided by preceptor or precedent, deserve all the adulation, an ungrateful world will spare from the thundering cannon and bloody flags.

But to rush past the outposts of learning, heedless of watchword and countersign at the present enlightened era, when people expect so much, and have brought scholastic lore to every hamlet and hovel, with but the cost of receiving it, argues poorly for the youth who would not be stimulated by the advice of his seniors, to dig deep for a foundation before he attempts to erect his castle.

Preparatory education has not been sufficiently urged until very recently, and even now we fear it is not the all pervading spirit.

Too often, pupils have been cited to instances of apparent success, without an inkling of the labor and trials that have been endured.

The preceptor coolly mentions the subject, and modestly refrains from examinations which might make his young friend blush, or, perhaps himself; if he has been obliged from the necessities of his youth to taste but light and hastily, at the fountains of knowledge, if he has grown rusty in the non-usage of his grammar and mathematics, he hesitates to commence censorship where he may not exhibit the intelligence, which was really the basis of his prosperity. Thus many students have committed themselves to professional reading early, when a few words of advice to them, or their guardians would have smoothed "Parnassus'" rugged assent, and might have filled a niche in the temple of fame. Medical colleges, as generally organized at present, can but finish up such materials as we send, *rough hewed;* and to polish over excrescences that should have been removed, or should have consigned the specimen to other departments of life, is no credit to any institution.

The sifting of moral character and mental fitness cannot be done entirely in the class drill or "green-room," and we ask if we are not each and all responsible and guilty, if we neglect to warn the tyro, to leave neither shield nor buckler behind, and refuse our countenance and aid to such as disregard the admonition? Our profession has not been behind others in wearing the emblems of honor in the common walks of life. Proper tastes and natural abilities to prepare well for, and pass well through the departments of medical studies, are guarantees of success, whether the icy throne of the north or the teeming multitudes of the torrid zone are to be conquered. When health and peace prevail, our brethren are found in the councils of state, and what war has not added more to our glory than to that of the angry combattants?

If any young man would not rather be a LARREY than a Napoleon, a HUNTER than a Wellington, he should not strive for a medical diploma, or claim to have been nurtured on the "milk of human kindness." But we do not need to wait for political prosperity, nor for the clamor of arms and flitting life in gory fields and fastnesses, to earn the consoling reflection, that our meed has been contributed to lengthen life's span and lighten its woes. The march of true national refinement is through a labyrinth of hygienic principles, which we are expected to reveal as occasions require.

Among those which the present age appreciates as of paramount importance, are ventilation, vaccination, sewerage and registration. In regard to the first, there is a lamentable ignorance among builders.

While the populace who employ them ask only for external display and the smallest expense, they have no temptation to study the subject of ventilation.

It therefore belongs to us to insist against the erection of *public* buildings, imperfectly ventilated, and to caution each citizen who purposes to erect a domicile, not to neglect to secure a full supply of light and air.

In order to complete our duties in this respect, we should acquaint ourselves with the most suitable plans for accomplishing the objects, or to judge correctly of the principles on which any contractor may propose to construct "registers and flues."

The importance of vaccination has secured a place in the address of one of the American Medical Associations' most learned Presidents, and we only beg leave to suggest a plan which will, so far as our responsibility is concerned, in a great measure accomplish the end, to wit: In the winter, months of each year make a memorandum of each infant, (drawing from our obstetric record,) who has attained the age of two months or upwards, and of every family whom we believe, we should be required to attend, if variola should invade the circle and call upon them, stating to the parents or guardian that our sense of duty compels us to offer vaccination, and if they object, or if the present time is inconvenient, urge them to secure its benefits from some source without much delay. We may find a few "mulish" and jealous, in which cases all our arguments may be pressed with warmth, preserving our dignity by politely, withdrawing *ourself* from the case. Especially do we believe, an accoucheur has not finished his "duties" to the infant until he has seen it thoroughly protected, when a reasonable fee and most perfect scale of virus will be cheerfully returned by the grateful mother. In this manner, every season furnishes a fresh supply of virus, and when the subject is before the people, proposals to re-vaccinate become frequent. We could tell of some most cheering results from this method. People soon learn to expect, and do appreciate their physician's visit to the new members of the household, and making it a concientious duty, *as it is*, takes away the humiliation of "hawking." In all tariffs of prices which we have seen, the charges are too high for this little operation, and serve to place it in the hands of irresponsible persons, or postpone it indefinitely. Compulsory laws, for the vaccination of the reckless, should also be insisted upon early and late.

Sewerage has important relations to country hygiene as well as metropolitan. The shallow lake-lets and sleepy streams of our

Southern Peninsula must influence the public health in a high degree.

The extensive "hay marshes," so useful to the pioneer herdsmen, are acknowledged hot-beds of malaria. As generations are often too short lived, to arouse appreciation, we cannot begin too soon to demand improvements on hygienic principles.

Collateral, and nearly as important on the other hand are the effects of forests and the preservation of a suitable proportion of trees in cultivated fields. The arid beams of an unbroken sun, and the fierce sweep of unstayed winds upon the healthful supply of moisture and productive tillage are subjects, upon which the stalwart axe-man stays his blows to listen to reason. The extravagant expectations of some, in regard to the value of "coal" as an article of fuel, would, unchecked, prepare our beautiful country for the tempest and tornado. Efficient registration of births, marriages and deaths, has so many points of moral, legal and commercial interest, that we might expect more earnest calls upon the law makers from other sources. But experience proves that none realize its importance so much as the medical statician, and on us devolves the duty of pressing its claims.

The medical history of our state is a subject on which future ages will look with interest; and each member should save from oblivion the interesting topics in topography and disease, and the names of professional worthies, who may have honored each locality, with brief notice of their family and fate.

These might be preserved in manuscript or in the local papers, until age rendered them interesting, or till some future gleaner should gather them into a valuable bundle. A spirit of this kind has been well developed in the medical literature of the past year, so far as bibliography is concerned. Some, amusing exhibitions of conceit, have grown out of the fashion. Sapient reporters, in appending to their own cases all that they knew of the literature of the subject, have supposed the world deeply indebted for the labor they had expended in a few libraries, while more was left than they had gathered. Whoever attempts to furnish an index to any subject pertaining to medicine or surgery especially, including the journals and essays, or the schools of the nineteenth century, will be likely to admit that, "of making many books, there is no end, and much study is a weariness of the flesh," before his task is completed. But these are useful tasks, and merit much praise, even if important items are omitted.

The various eleemosynary institutions of our State, existing, prospective and demanded, should be objects of our associate and perso-

nal attention as members of the community, to whom are especially revealed the necessities of the unfortunate. The sightless eye, unconcious ear, silent tongue and stolid brain are oftener in our presence than other men's. Tottering age and infirmity have learned to expect our careful consideration.

The maniac's raving, calls louder for our sympathy, the demented moan sounds oftenest in our ears, and "the poor we have always with us." In the case of each of these classes, the people generally wait for urgent appeals from some of *our* number before any steps are taken, and they will listen as attentively as their cupidity will allow, to the councils of the profession, in providing suitable means of sustaining the body and developing the mind.

With grateful acknowledgments in behalf of the needy for the liberality which has been partially developed, let us continue to plead earnestly for early and perfect completion of the several asylums and schools in progress, and for the addition of all that are necessary.

In behalf of the inmates of our several County Almshouses and of those who require temporary aid, we implore your kind commiseration. You have witnessed the abuses which they often suffer at the hands of stingy *mundungus* politicians, who expect to win the favor of the tax-payers, by starving the dependent to the last point of vitality, and if sick or decrepid, employing the cheapest self-styled or "will-do" doctor, at a tariff which compells them in self-protection to smother even the feeble trace of ability or conscience which they possessed. Poverty is not always associated with criminality, indolence or improvidence, and we should not cease to remonstrate against the systems by which petty tyrants insult the community, whilst "superintending" their moral "betters," doling out heart-crushing *neglect* instead of public charity.

A physician who would not act "the good Samaritan," would be unworthy the name in any age of medical history. But it is no charity to make a business contract with a wealthy Public, which will cripple our private welfare or personal benevolence.

He is not worthy of fellowship or apology who will not do freely, or demand respectable living compensation for doing rightly. When "Supervisors" and "Superintendants of Poor" wish us to mingle with the partisans of narrow systems, "natural-born doctors," and superannuated "fogies" in bids for pecuniary acknowledgments, let us keep our hands clear of the matter, rather than to insult science or abuse philanthropy, by accepting half pay for half performance. Nor does our duty lie in silence, hiding the injuries and iniquities

which are heaped upon the helpless. Reasoning and expostulation may not be innocently withheld, from false notions of modesty. The existing laws of this state, by which the "Board of Supervisors" are screened from paying bills for medical attendance and witness' fees, except as their caprice may dictate, are a disgrace to our state constitution, and should be corrected. Another class of duties, which belong to us as individual members of this Association, and of which I must crave your pardon for speaking plainly, is the careful study and publication of the rare and interesting topics, which appear before us in our yearly vocation. There are among you talents of which we might be proud, but whose latency demands a blush. Your observations and studies would be valuable property, if added to the public treasury. The capabilities which nature and education have given you, may confer honor upon this Association, and secure enduring fame for the laborer. Let each who can advance one step select some topic for investigation, and bring his results an offering in this temple, where their value may be enhanced by associate examination and placed before the world "tried as by fire."

Finally, Gentlemen! whether we minister in the bedizened chambers of a city, or under the bark roof of the wilderness, to the tapestried surfeiter or brawny laundress, our moments of leisure from the mechanical duties of our "art" belong not to the sporting field or saloon. The mazes of fashion and the excitements of hilarity should not divert our best energies from benevolence, in its most simple and its most complex operations.

When our associate labors and our amicable greetings are brought to a necessary close, may each, invigorated by this zeal inspiring rest, haste with alacrity upon the highway of another year, to serve the exalted pursose of our being, heaping up wealth,

> Where cankering rust can never dim the crown,
> Nor prowling thief rouse virtue's pious frown,
> Nor moth, nor age assail through an eternal span,
> Th' angelic treasures of the virtuous man.

REPORT OF Dr. J. H. BEECH.

To the Medical Faculty of the University of Michigan:

Gentlemen:—Trusting that it is not altogether too late to fulfill my duty as a member of the Michigan State Medical Society, in reporting my humble observations, I herewith send an abstract for the year 1856, craving your pardon for the tardiness which I fear may

prevent any generalization or classification with the reports of other members.

The eruption of Variola in our village, in January last, added so much to my ordinary duties, that no time could be taken for preparing reports. Such as it is, with many acknowledged imperfections, and in such time as it is, I most respectfully submit it to your consideration as a Committee, &c.

COLDWATER, MICH., March 10th, 1857.

J. H. BEECH, M. D.

To the Medical Faculty, as Committee on Prevailing Diseases, &c.:

The following report and tables, embracing a brief abstract of my professional observations during the year 1856, is respectfully submitted.

Believing that the numerous uncontrollable circumstances occurring in general practice to vary the influence of treatment, were an essential draw back upon the reliability of statistic numbers, and that the observations of a single individual in such practice were too limited for a correct conception of the general ratio of diseases, I have not thought proper to attempt such classifications.

The class of diseases which come to the hands of one physician in a village where each citizen is intimate with his neighbor, and where from eight to twelve "Doctors" are within call, is varied by the conceived tastes or ability, or the study bestowed upon certain departments of medicine or surgery. I have therefore in Table No. 1 named the diseases of the several months in the relative order of their frequency, as they applied for treatment or consultation, and no others have been mentioned, with the exception of Scarlatina, of which I saw no well marked case. My friend Dr. S. S. Cutter informed me that two or three well defined cases of Scarlatina Simplex had been under his care, and it seemed proper to mention the fact, as his diagnosis is reliable.

Phthisis Pulmonalis, in chronic form, is becoming annually more frequent with us; but a very large proportion of the cases are imported from the Eastern and Middle States. I believe that several of the deaths reported in accompanying Table No. 2 under the title "Marasmus" were genuine Tuberculosis, but have no means of *knowing* positively.

In my report for 1855 the mortuary table included 56; this year, i. e. for 1856, there are 70 cases. Our population has increased pretty rapidly, but not in this proportion. No report of "still born"

was made in the former, and the whole was much less perfect. The Sexton, who furnished the greater part, seems now to have enlisted in the matter and will still enable us to improve in the future, we hope.

The year 1856 was remarkable for the small quantity of rain in the spring, summer and autumn. The health of the citizens of this section of the State was correspondingly good.

The number of deaths in August was out of proportion to the amount of ordinary sickness, from the following cause, to wit: four anæmic "dry-nurse" children, from three weeks to five months old, died in one day. (August 10th.) Two had been premature; of three the mothers deceased soon after delivery, one from disease of the heart, one from bilious remittent fever, and the other not known, being in another town. All these infants had been hopeless or nearly so from congenital debility or maladies. The day (August 10th) was one of the warmest of the month, rather smoky in the morning. No rain of account had fallen in thirteen days, and on the succeeding day we were visited by a light hurricane with showers.

In the treatment of febrile and inflammatory affections I have made considerable use of Veratrum Viride, with very general satisfaction; especially in Pneumonia it has seldom disappointed us. Its specific effect does not always arrest the disease, but at least alleviates and, we think, facilitates the cure.

It was my fortune to attend to fatal termination one *marked* case of Pneumonia. The patient, an obese female, had suffered "ague and fever" occasionally for several weeks, living in a very malarious region. The fatal attack seemed to be Intermittent Fever, which continued very severe for three days. The chest was not examined till the morning of the third day, and then the sounds were not definite. No doubt existed in the afternoon, of Pneumonia far advanced, but we thought not positively dangerous. She became worse before midnight and died before morning. No autopsy. Veratrum was not used in this case. We never found the pulse higher than 110.

I have also reason to hold Colchici Sem. in high estimation as an alterative. It has been growing in favor with me for several years, but needs especial caution, if used synchronous with Hydr. Chl. M. The tincture, with or without paregoric according to constitutional energy or constipation, is our usual prescription.

The births which have come under my supervision, have been two males to one female, which seems very remarkable. Of four cases I neglected to note the sex, three of which were still-born.

COLDWATER, MICH, March 10th, 1857. J. H. BEECH.

TABLE No. 1.

Showing the Character of Acute Diseases most common in my own practice in the several months of the year 1856, *at* COLDWATER, MICH., *of the class Zymotica.*

Diseases are named in the order in which they were most abundant.

JANUARY,	Pleuro-Pneumonia, Erysipelas, Furuncle, Varicella.
FEBRUARY,	Pneumonia [very common], Catarrh, Pleuritis, Rheumatism, Furuncle, Anthrax.
MARCH,	Pneumonia [very common], Intermittent Fever, Ague, Urticaria, Erysipelas, Rubeola Simplex.
APRIL,	Pneumonia [epidemic], Intermittent Fever, Ague, Bronchitis, Urticaria, Rheumatism, Laryngitis.
MAY,	Pneumonia [less], Enteritis, Intermittent Fever, Eczema, Pleuritis, Rheumatism, Neuralgia.
JUNE,	Bilious Remittent Fever, Ague, Pneumonia, Dysenteria, Eczema.
JULY,	Dysentery, Bilious Remittent Fever, Diarrhœa, Pneumonia, Laryngitis, Urticaria, Rubeola Simplex.
AUGUST,	Diarrhœa, Dysenteria, Pneumonia, Bilious Remittent Fever, Cholera Infantum, Neuralgia, Stomatitis Nutrici, Eczema, &c.
SEPTEMBER,	Dysenteria, Diarrhœa, Typhoid Fever, Furuncle, Intermittent Fever, Pertussis, Pneumonia, Cholera Morbus, Erysipelas, Ague.
OCTOBER,	Furuncle, Feb. Typhoides, Diarrhœa, Dysenteria, Rheumatism, Pneumonia, Pleuritis, Frontal Neuralgia. Dr. Cutter reports Scarlatina Simplex.
NOVEMBER,	Ague, Pneumonia, Pleuritis, Diseases of Skin, Laryngitis, Cholera Morbus, Ague, Jaundice, Infl. of Superficial Glands of Neck. [Very common.]
DECEMBER,	Pneumonia, Erysipelas, Diarrhœa, Parotitis, Catarrh, Diarrhœa, Laryngitis, Rheumatic Neuralgia, Infl. of Superficial Glands of Neck. [Very common.]

J. H. BEECH, M. D.

TABLE No. 2.

Report of Mortality in Coldwater, Branch Co., Mich., from the Cemetery Record of JOHN LUCK, *Sexton, and from Private Records by* J. H. BEECH, M. D., *for the year* 1856.

| | Accidents. | | Apoplexia. | | Bronchitis. | | Cholera Infantum. | | Cholera Morbus. | | Cephalitis. | | Cephalic Congestion. | | Croup. | | Diarrhœa. | | Dysenteria. | | Erysipelas. | | Eclampsia. | | Eclampsia Infans. | | Eclampsia Gravidarum. | Febris Puerper. | Febris Typhoides. | | Febris Ignotus. | | Hydrops. | | Hyper. and Dil. Cordis. | | Ignotus. | | Marasmus. | | Metritis. | Phthisis Pulmonalis. | | Pleuritis. | | Pneumonitis. | | Scrofula. | | Still-born. | | Under one year. | 1 to 3 years. | 3 to 10 years. | 10 to 20 years. | 20 to 30 years. | 30 to 40 years. | 40 to 50 years. | 50 to 60 years. | 60 to 70 years. | 70 to 80 years. | Unknown Age. | Males. | Females. |
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TABLE No. 3.

Condensed Record of Thermometer Readings at Coldwater, Mich., during 1856, *Fahrenheit's in Shade.* By J. H. BEECH, M. D.

	AVERAGE TEMPERATURES.				COLDEST DAY.		WARMEST DAY.		MAXIMUM.		MINIMUM.		RANGE.	GREATEST RISE in 24 hours.			GREATEST FALL in 24 hours.			MEAN OF MONTHS
	7 A. M.	1 P. M.	10 P. M.	OF MONTHS	Dates.	Aver. Temp.	Dates.	Aver. Temp.	Dates.	Temp	Dates.	Temp								
JANUARY,	9,640°	23,58°	10,77°	14,663°	8th	—14,666°	18th	26,°	18th 1 P. M.	49°	9th 7 A. M.	—22°	71°	22°	10 P. M.	30th to 31st	40°	7 A. M.	7th to 8th	5,5°
FEBRUARY,	11,31	29,19	13,06	17,853	3d & 13th	—6,	26th	34,666	22d "	51	13th 10 P. M.	—18	69	40	7 A. M.	19th to 20th	35	7 A. M.	11th to 12th	19,5
MARCH,	19,838	35,709	22,482	26,01	9th	6,333	21st	37,666	22d "	52	10th 7 A. M.	—10	62	30	7 A. M.	9th to 10th	20	10 P. M.	5th to 6th	23,5
APRIL,	47,166	61,2	46,366	48,244	4th	34,666	27th	70,	26th "	87	1st 7 A. M.	27	50	34	1 P. M.	14th to 15th	31	7 A. M.	12th to 13th	57,
MAY,	54,161	66,903	33,064	50,376	30th	45,	24th	74,333	23d "	89	30th 10 P. M.	37	52	25	10 P. M.	30th to 31st	24	7 A. M.	24th to 25th	60,833
JUNE,	68,133	79,666	65,666	71,155	14th	49,	22d	84,666	22d "	94	14th 10 P. M.	43	51	26	1 P. M.	2d to 3d	19	1 P. M.	12th to 13th	67,166
JULY,	68,967	86,838	68,516	74,733	19th	66,333	16th	87,	16th "	102	21st 10 P. M.	58	44	16	10 P. M.	1st to 2d	26	1 P. M.	25th to 26th	80,
AUGUST,	61,419	77,645	60,87	66,311	30th	55,333	2d	77,666	1st "	90	26th 7 A. M.	45	45	16	7 A. M.	27th to 28th	14	1 P. M.	6th to 7th	65,833
SEPTEMBER	56,6	72,3	55,8	61,566	30th	37,	10th	80,333	3d " 10th " 17th "	88	30th 10 P. M.	35	53	23	7 A. M.	14th to 15th	24	10 P. M.	10th to 11th	61,5
OCTOBER,	44,87	63,096	47,032	51,666	30th	29,333	9th	69,333	4th " 9th "	88	30th 7 A. M.	27	61	23	10 P. M.	18th to 19th	24	1 P. M.	23d to 24th	37,5
NOVEMBER,	31,966	45,566	34,833	38,455	19th	24,666	2d	55,666	1st "	63	19th 7 A. M.	14	49	22	7 A. M.	20th to 21st	33	10 P. M.	7th to 8th	38,5
DECEMBER,	17,258	27,612	19,354	21,408	22d	8,666	1st	36,	19th 10 P. M.	45	8th 7 A. M. 26th 7 A. M.	—1	46	28	10 P. M.	18th to 19th	37	10 P. M.	19th to 20th	22,
Yearly Av.	41,11°	45,777°	39,817°	45,203°																

TABLE No. 4.

Condensed Record of Winds, Clouds, Storms and Frosts during 1856 *at Coldwater, Mich., by* J. H. Beech, M. D.

	COURSE OF WINDS, &c.						CLOUDS, RAIN AND SNOW.								FALL.	SPRING.	ICE.	
	From Southward.	From Northward.	From Westward.	From Eastward.	From South-West.	No. of Days Wind high.	Entirely Cloudy Days.	Perfectly Clear.	No. of Days in which Rain fell.	No. of Days in which Hail or Snow fell.	Greatest Fall of Snow.		Greatest Depth of Snow.		Early Frosts.	Late Frosts.	First seen in Autumn.	Last seen in Spring.
											INCH.	DATE.	INCH.	DATE.				
January,	22	11	23	12	18	2	0	0	0	15	4	27th	11	7th				
February,	21	10	28	8	16	5	1	0	2	12	4	6th						
March,	18	15	27	8	16	7	1	3	0	7	2	3d	9	4th				
April,	18	11	21	20	9	3	1	3	12	1		3d						21st
May,	15	11	18	18	10	3	2	2	16							31st		
June,	22	4	22	9	11	4	0	1	11									
July,	23	4	21	12	13	1	0	2	8									
August,	14	16	26	10	8	2	0	1	7						26th			
September,	22	11	24	14	17	2	0	0	12						20th		24th	
October,	19	13	14	19	10	2	2	1	7*	3	3	31st	3	31st				
November,	25	7	25	11	16	1	1	1	9	7	5	29th	5	29th				
December,	24	7	22	13	19	4	1	0	5	14	2	3d	8	3d				

I regret that we have no record of the relative humidity of this remarkably rainless year.

* Very smoky 16 days.

(Transactions to be continued.)

SELECTIONS.

A NEW ANTI-PERIODIC AND A SUBSTITUTE FOR QUINIA.

BY RICHARD S. CAUTHORN, M. D., RICHMOND.

I desire to call the attention of the medical profession to a plant, indigenous in our country, very abundant, and of great value as a therapeutic agent, but which has been classed with the secondary remedies of our materia medica, and has thereby attracted very little of the attention of physicians. It certainly deserves a place in the *first* rank of remedial agents. In my humble opinion, it deserves to occupy a position as an anti-periodic, by the side of the far-famed cinchona.

The plant was first presented for my inspection in September last, by Mr. Joseph Barnard, of Henrico County, Virginia, who had informed me more than twelve months previously, that he was in possession of the knowledge of a plant, the bark of whose root would cure intermittents with more certainty than quinia.

When he presented me the plant, he remarked that by it he had succeeded in curing a protracted case of ague and fever which had baffled the skill of a neighboring physician, and that if I would try it, I never would use quinia again. This I thought was very great praise, and I determined to give it a trial, but being busy at the time, and not having an opportunity to give it the attention which I thought it merited, I had the plant laid by for a more careful examination at some leisure moment. When, after some lapse of time, I again took it up for examination, I found that, from its having been so broken up in order to its more convenient portability, together with the crisp and friable state of its leaves, I could not satisfactorily determine its precise species. It was shown, however, to one of our servants living in the country who said he was familiar with it, and that it was old Dr. Ragland's Root of Man; that he had used it frequently, and had but recently cured himself by it of ague and fever. Subsequently, I obtained several other specimens, but imperfect ones, for relentless Jack Frost had robbed them of their foliage, and had left me nothing for inspection but roots and stems. I think, however, from what I have seen and what I have learned from M. B. and our servants, that I have arrived at a correct conclusion as to its species and its name, which I will endeavor to verify next summer, if I live, and if I find that I have been mistaken, I will acknowledge the error.

This plant has been in use in the counties of Henrico, Hanover and Goochland, as a domestic remedy in various diseases for twenty years, and perhaps, for a much longer period, under the appellation of the root of man or man root, which name was given it probably by an illiterate and eccentric old root doctor of the name of Ragland, who died a few years ago, in the lower part of Goochland county. This very eccentric old man once prescribed it for tooth ache in a respectable married lady of my acquaintance, who was unblessed with

children, saying, "Madam, you must take the root of man." The lady told of the doctor's prescription to some of her female friends, who, considering the name of his remedy as a sort of double entendre, enjoyed it as a good joke, the recital of which has rarely failed since that time to provoke in either sex, a hearty laugh. Our servants have used it in various complaints for many years, infused in whisky. Since I have been endeavoring to test its virtues as an anti-periotic, I have conversed with various persons from the country, in whose neighborhood it is in general use among negroes and the lower classes of whites. One gentleman of Henrico told me that he had heard of at least fifty cases of intermittents which had been cured by its use. I was informed by another that the negroes about Ashland, Hanover, used it liberally and successfully for the same purpose in the form of bitters (tincture.) I understand that the milk of the stem has been successfully used to cure verrucæ, circinatus and some forms of favus.

When I began my experiments with this plant, I thought it was probably a nondescript, but further investigation has changed my opinion, and satisfied me that it is no other than the common milk weed, or silk weed, the Asclepias Syriaca of the United States Dispensatory.

In that work it has been classed as secondary, and in the earlier editions thought worthy only of a passing notice. In the tenth edition it occupies more space, but no indication is there given, I believe, of its ever having been supposed to possess anti-periodic properties.

It is unnecessary for me to attempt a description of it, as that has been given, (as I suppose,) in the Dispensatory. I will add, however, one or two descriptive features by which the plant may be recognized, I think, in early winter even when stript of its foliage.

The caulis, or stem is, as described, simple. It rises at right angles from the root, straight as arrow-wood, to the height of from three to five feet. Its cortex or external tunic is extremely thin and delicate, and when frayed presents the appearance of raw silk. If this be twisted into a thread the size of sewing silk, it will be found as strong as that article, and perhaps stronger. The root runs horizontally a few inches under the surface of the ground, and frequently more than one stem arises from a long root. When a simple stem with the root is dug up and inverted it resembles the letter T, from which resemblance Mr. Barnard called it the T plant. It may be found most frequently on head lands, or in fields which have not been cultivated for two or three years. When found in fields which have been recently cultivated, the root will be found to have penetrated into the earth unusually deep.

The root is so intensely bitter as to render its infusion, though a very convenient, yet to many persons, an insuperably objectionable mode of administration, and like the stem it is so very lactescent, that its bark requires a long time to dry before it can be pulverized for pills. It is taken very readily by most persons in pills, less so in tincture. I have heard that in domestic practice it had sometimes

produced emesis and catharsis, but in my hands, given in pills, sometimes to the extent of grs. xviij. or ℥j. perhaps, it produced no such effects not even the slightest nausea. Mr. O. A. Strecker, druggist of this city, to whom I gave some of the root, informed me that he had chewed some of it and in him it produced some nausea. I will now proceed to detail my experiments with the medicine as an anti-periodic.

Case I.—In removing the bark from the root of the plant, furnished me by Mr. Barnard, the only one experimented with, an inspissated viscous juice adhered to the fingers, which was scraped off and rolled into eight pills smaller in size than a buck-shot. These were sent to one of our women living in the country laboring under intermittent fever. The woman took the pills and was speedily cured.

A small portion of this bark after it had been dried in the shade, was pulverized, mixed with a little capsicum, and, with the aid of a little wheat flour, was made into pills about the size of buck-shot, and put away for a suitable case in which to try their value.

Case II.—On the third of October, I was called to see an elderly negro man at a short distance above the city, who was taken alarmingly ill the day before, of an ague, the first, he said, which he had ever had in his life. I found him dejected, complaining of pain in the back and limbs; general uneasiness, but with little or no fever, and with a clean tongue. I directed him to take of the pills above named, two at a time every two or three hours, unless he should have a chill or a rise of fever, in which case he must discontinue their use.

October 4th. Found the patient with little or no fever, but complaining still; said the evening before he became chilly and afterwards had a hot fever. His tongue was now coated. I prescribed hydrarg. chlorid. mit. grs. xvj. Divide in pill jv., one to be taken every four hours; after his having taken the last pill, and, for fear he might have another paroxysm, directed him to continue the tonic (anti-periodic) pills also, and to take, two or three hours before time of the expected paroxysm, six of them at a dose.

October 5th. Found the patient better; medicine had been taken as directed; spirits much improved; had no chill last evening; tongue still coated; complained of some pain in the back and chest, but no symptoms indicating serious pectoral disease. I directed him to take the tonic pills as before, i. e. two at a time every two or three hours as a general rule, but that the last dose, which was to be taken two or three hours before the expected paroxysm, to be increased to six pills at a dose.

October 6th. Patient not feeling quite as well this morning as yesterday, but no chill last evening; tongue looking rather better. Continue the tonic pills occasionally, two at a time.

October 7th. Patient thought he had a slight chill last evening, followed by some fever; tongue cleaning slowly. Ordered a few grains hydrarg. chlorid. mit. and the tonic pills to be continued regularly two at a dose.

October 8th. Patient had a profuse perspiration last evening, but no chill; a gradual improvement in the symptoms generally. Continue the tonic pills occasionally.

October 9th. Patient much better; has taken a few pills.

October 10th. All symptoms of disease had disappeared, and he felt well enough to leave his room. I would remark here that this patient was laboring under mental distress, caused by the death of his wife, a few weeks before, which, I think, caused a protraction of his disease, and thereby demanded a greater amount of the tonic (anti-periodic) medicine than I subsequently found it necessary to administer. This patient took some thirty or forty pills, containing each two or three grains, as I suppose, for I did not weigh the medicine. It produced no unpleasant sensation about the head, no buzzing in the ears, and no sick stomach, as I expected it would do from what I had heard of its action.

Case III.—October 5th. Visited Miss J——, a robust female, laboring under tertian ague of some weeks duration.

Prescription—℞. Hydrarg. chlorid. mit. grs. xvj.
Fiant pilulæ jv.
Unam sumend. quaque quart. hora;

to be followed by a dose of oleum ricini four hours after the last dose. Quinia, grs. vj. in solution with tinct. opii, gut. xxx. to be given an hour and a half before the expected paroxysm. She objected to the quinia, because upon trying it several times before I saw her, it distressed her head. The next day, October 6th, I sent her of the root mentioned above, two dozen pills, prepared without capsicum or any other medical agent, containing, I suppose, two or three grains each. She took one dozen and was cured. I visited her but once.

Cases IV., V. and VI. I was called, October 26th, to see Mr. P—— and two of his sons, one aged about five, the other about seven years, all laboring under intermittent fever.

The type of the fever in the children was tertian, in Mr. P—— double tertian. They had been sick a week or more; had taken mild chloride of mercury, oleum ricini and quinia repeatedly without relief; Mr. P—— was jaundiced and complained sadly. I directed mild chloride of mercury in small doses, to be given at intervals of four hours, to be followed four hours after by oleum ricini. I directed quinia to be given also an hour and a half before the expected paroxysm. Mr. P—— dreaded the quinia, saying it affected his family very unpleasantly. I told him I would the next day bring him a substitute for quinia.

October 27th. Mr. P—— had the paroxysm to-day, not having taken the quinia sufficiently early to prevent its recurrence, as it came earlier than he anticipated.

I found the children in the apyrexia. In them, the paroxysm was not looked for till next day. I directed Mr. P—— to take as a dose two of the pills which I had prepared for him as soon as the fever should decline, every two or three hours as a general rule, but to be sure to take one larger dose, say some four or six pills, about two or three hours before the expected paroxysm, also to take hydrarg.

chlorid. mit. grs. ij. at night. I directed Mrs. P——, the mother, to give the children the pills worked up in a little syrup in the manner directed for Mr. P——, only in smaller doses.

October 28th. To-day I deferred my visit to a later hour, in order to see if my pills had been efficient. To my great satisfaction, I found upon inquiry that not one of the patients had had a chill, and that the icterode hue which had been observable in the skin and conjunctivæ of Mr. P—— was passing off. I directed Mr. P—— to take at night two grains more of mild chloride of mercury, and the pills to be continued to all the patients as before.

October 28th. The medicine had been taken without producing the slightest uneasiness, the patients were all convalescent, and I discontinued my visits.

I would remark here that the pills used in these three last cases contained no other medicinal agent than the bark of the root furnished me by Mr. Barnard, and that each contained, as I suppose, about two or three grains. I would further remark that not more than about three dozen, or three dozen and a half of the pills were consumed by all three of the patients. I furnished two other gentlemen, who applied to me for advice in cases of intermittents then prevailing in their families, with some of the same kind of pills, but I have not heard the results.* I presume, however, that they effected cures, else the gentlemen would have returned for further advice, as I am their prescribing physician.

It will be seen from the above that six cases of intermittent fever have been treated with a plant (which I believe to be the Asclepias Syriaca) used as a substitute for quinia, in every case with success, and without its once producing any of those distressing symptoms which frequently attend the exhibition of quinia.

I have now given my little experience of the anti-periodic properties of this plant, together with what I have been able to glean from other sources, (not neglecting the most humble,) for the benefit of the profession and of the community, and particularly for that of the *poor people* of our country. For, if the very high estimate which I have ventured to place upon its anti-periodic virtues, should be confirmed by future investigations of my medical brethren, as well as by myself, it will assuredly prove a benefaction to the *poor*, who can gather from their own fields this most useful plant, without being indebted to Madam Cinchona, that costly exotic, for the cure of their ills.

But I will draw this tedious article to a close, for like most scribblers, I have already protracted it to a greater length than I intended, and have, no doubt, sufficiently wearied the reader. The only excuse I have to offer for writing at all is that of a desire to raise to its *proper level* one of our most valuable anti-periodics, and thereby to subserve the cause of the healing art and of humanity. As this will not reach my professional brethren before the beginning of a new

* Note.—Since writing the above, I have been informed that one of these gentlemen cured his son and one of his neighbors with the pills I gave him.

year, I send it to them as a greeting of the season, wishing them the fullest enjoyment of every pleasure that may be rational, and of every amusement that may be innocent.—*Monthly Stethoscope.*

Richmond, Va., Dec. 2, 1856.

INFANTILE DENTITION.

In our preceding communication on Infantile Dentition, we directed attention to the minor ailments during teething, and remarked that careful hygienic management was the only means necessary to bring such cases to a successful termination. We shall now proceed to the consideration of the pathology and treatment of the severer and more dangerous disorders that frequently supervene during the eruption of the temporary teeth, and which, with the exception of contagious and epidemic maladies, comprise the greater part of the diseases of infantile life.

The symptoms of morbid dentition are referable to inflammation or induration of the gums, and to the various sympathetic and constitutional disorders which originate in these sources of local irritation. When the gums are inflamed, they become hot, dry, and injected, and so exquisitely tender that the infant often refuses to seize the nipple. General symptoms are superadded, and are marked by heat of skin, quick pulse, vitiated excretions, hurried respiration, and disturbed sleep. The secretion of saliva is sometimes abundant, at other times it is remarkably deficient. The inflammation occasionally extends to the salivary glands and to the mucous membrane of the lips or cheeks; and it not unfrequently happens that the gums become ulcerated.

When the gums are merely indurated, there is very little tenderness, no redness of the part affected, and the secretion of saliva is not increased. The gum is thickened, but, otherwise, presents an appearance so natural, which is of the greatest importance, is frequently overlooked.

The principal thing in the treatment of these cases is to lance the gums freely. A superficial incision will be of no avail; the gums must be cut down until the lancet impinges on the approaching tooth. The only caution required is that the incision be inclined outwards, in order to avoid the tissues which connect the permanent and temporary teeth. The shape of the gum lancet is a matter of consequence. In order to keep the instrument steadily fixed in the handle, it should have a spring back; the blade should be rather round and broad, and extremely sharp. The operation requires considerable skill and caution to ensure its safe and effectual performance. The terrors of the mother and the restlessness of the infant frequently render it by no means an easy operation; and the careless operator is apt to wound either the cheeks or tongue, to make the incision too superficially to be of the slightest use.

TABLE No. 1.

Showing the Character of Acute Diseases most common in my own practice in the several months of the year 1856, *at* COLDWATER, MICH., *of the class Zymotica.*

Diseases are named in the order in which they were most abundant.

JANUARY, Pleuro-Pneumonia, Erysipelas, Furuncle, Varicella.

FEBRUARY, Pneumonia [very common], Catarrh, Pleuritis, Rheumatism, Furuncle, Anthrax.

MARCH, Pneumonia [very common], Intermittent Fever, Ague, Urticaria, Erysipelas. Rubeola Simplex.

APRIL, Pneumonia [epidemic], Intermittent Fever, Ague, Bronchitis, Urticaria, Rheumatism, Laryngitis.

MAY, Pneumonia [less], Enteritis, Intermittent Fever, Eczema, Pleuritis, Rheumatism, Neuralgia.

JUNE, Bilious Remittent Fever, Ague, Pneumonia, Dysenteria, Eczema.

JULY, Dysentery, Bilious Remittent Fever, Diarrhœa, Pneumonia, Laryngitis, Urticaria, Rubeola Simplex.

AUGUST, Diarrhœa, Dysenteria, Pneumonia, Bilious Remittent Fever, Cholera Infantum, Neuralgia, Stomatitis Nutrici, Eczema, &c.

SEPTEMBER, Dysenteria, Diarrhœa, Typhoid Fever, Furuncle, Intermittent Fever, Pertussis, Pneumonia, Cholera Morbus, Erysipelas, Ague.

OCTOBER, Furuncle, Feb. Typhoides, Diarrhœa, Dysenteria, Rheumatism, Pneumonia, Pleuritis, Frontal Neuralgia.
Dr. Cutter reports Scarlatina Simplex.

NOVEMBER, Ague, Pneumonia, Pleuritis, Diseases of Skin, Laryngitis, Cholera Morbus, Ague, Jaundice, Infl. of Superficial Glands of Neck. [Very common.]

DECEMBER, Pneumonia, Erysipelas, Diarrhœa, Parotitis, Catarrh, Diarrhœa, Laryngitis, Rheumatic Neuralgia, Infl. of Superficial Glands of Neck. [Very common.]

J. H. BEECH, M. D.

TABLE No. 2.

Report of Mortality in Coldwater, Branch Co., Mich., from the Cemetery Record of JOHN LUCK, *Sexton, and from Private Records by* J. H. BEECH, M. D., *for the year* 1856.

| | Accidents. | | Apoplexia. | | Bronchitis. | | Cholera Infantum. | | Cholera Morbus. | | Cephalitis. | | Cephalic Congestion. | | Croup. | | Diarrhœa. | | Dysenteria. | | Erysipelas. | | Eclampsia. | | Eclampsia Infans. | | Eclampsia Gravidarum. | Febris Puerper. | Febris Typhoides. | | Febris Ignotus. | | Hydrops. | | Hyper. and Dlt. Cordis. | | Ignotus. | | Marasmus. | | Metritis. | Phthisis Pulmonalis. | | Pleuritis. | | Pneumonitis. | | Scrofula. | | Still-born. | | Under one year. | 1 to 3 years. | 3 to 10 years. | 10 to 20 years. | 20 to 30 years. | 30 to 40 years. | 40 to 50 years. | 50 to 60 years. | 60 to 70 years. | 70 to 80 years. | Unknown Age. | Males. | Females. |
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TABLE No. 3.

Condensed Record of Thermometer Readings at Coldwater, Mich., during 1856, *Fahrenheit's in Shade.* By J. H. BEECH, M. D.

	AVERAGE TEMPERATURES.				COLDEST DAY.		WARMEST DAY.		MAXIMUM.		MINIMUM.		RANGE.	GREATEST RISE in 24 hours.			GREATEST FALL in 24 hours.			MEAN OF MONTHS
	7 A. M.	1 P. M.	10 P. M.	OF MONTHS	Dates.	Aver. Temp.	Dates.	Aver. Temp.	Dates.	Temp	Dates.	Temp								
JANUARY,	9,640°	23,58°	10,77°	14,663°	8th	-14,666°	[18th	26,°	18th 1 P. M.	49°	9th 7 A. M.	—22°	71°	22°	10 P. M. 30th to 31st		40°	7 A. M. 7th to 8th		5,5°
FEBRUARY,	11,31	29,19	13,06	17,853	3d & 13th	—6,	26th	34,666	22d "	51	13th 10 P. M.	—18	69	40	7 A. M. 19th to 20th		35	7 A. M. 11th to 12th		19,5
MARCH,	19,838	35,709	22,482	26,01	9th	6,333	21st	37,666	22d "	52	10th 7 A. M.	—10	62	30	7 A. M. 9th to 10th		20	10 P. M. 5th to 6th		23,5
APRIL,	47,166	61,2	46,366	48,244	4th	34,666	27th	70,	26th "	87	1st 7 A. M.	27	50	34	1 P. M. 14th to 15th		31	7 A. M. 12th to 13th		57,
MAY,	54,161	66,903	33,064	50,376	30th	45,	24th	74,333	23d "	89	30th 10 P. M.	37	52	25	10 P. M. 30th to 31st		24	7 A. M. 24th to 25th		60,833
JUNE,	68,133	79,666	65,666	71,155	14th	49,	22d	84,666	22d "	94	14th 10 P. M.	43	51	26	1 P. M. 2d to 3d		19	1 P. M. 12th to 13th		67,166
JULY,	68,967	86,838	68,516	74,733	19th	66,333	16th	87,	16th "	102	21st 10 P. M.	58	44	16	10 P. M. 1st to 2d		26	1 P. M. 25th to 26th		80,
AUGUST,	61,419	77,645	60,87	66,311	30th	55,333	2d	77,666	1st "	90	26th 7 A. M.	45	45	16	7 A. M. 27th to 28th		14	1 P. M. 6th to 7th		65,833
SEPTEMBER	56,6	72,3	55,8	61,566	30th	37,	10th	80,333	{3d " 10th " 17th "	88	30th 10 P. M.	35	53	23	7 A. M. 14th to 15th		24	10 P. M. 10th to 11th		61,5
OCTOBER,	44,87	63,096	47,032	51,666	30th	29,333	9th	69,333	{4th " 9th "	88	30th 7 A. M.	27	61	23	10 P. M. 18th to 19th		24	1 P. M. 23d to 24th		37,5
NOVEMBER,	31,966	45,566	34,833	38,455	19th	24,666	2d	55,666	1st "	63	19th 7 A. M.	14	49	22	7 A. M. 20th to 21st		33	10 P. M. 7th to 8th		38,5
DECEMBER,	17,258	27,612	19,354	21,408	22d	8,666	1st	36,	19th 10 P. M.	45	{8th 7 A. M. 26th 7 A. M.	—1	46	28	10 P. M. 18th to 19th		37	10 P. M. 19th to 20th		22,
Yearly Av.	41,11°	45,777°	39,817°	45,203°																

TABLE No. 4.

Condensed Record of Winds, Clouds, Storms and Frosts during 1856 *at Coldwater, Mich., by* J. H. Beech, M. D.

	COURSE OF WINDS, &c.						CLOUDS, RAIN AND SNOW.								FALL.	SPRING.	ICE.	
	From Southward.	From Northward.	From Westward.	From Eastward.	From South-West.	No. of Days Wind high.	Entirely Cloudy Days.	Perfectly Clear.	No. of Days in which Rain fell.	No. of Days in which Hail or Snow fell.	Greatest Fall of Snow.		Greatest Depth of Snow.		Early Frosts.	Late Frosts.	First seen in Autumn.	Last seen in Spring.
											INCH.	DATE.	INCH.	DATE.				
January,	22	11	23	12	18	2	0	0	0	15	4	27th	11	7th				
February,	21	10	28	8	16	5	1	0	2	12	4	6th						
March,	18	15	27	8	16	7	1	3	0	7	2	3d	9	4th				
April,	18	11	21	20	9	3	1	3	12	1		3d						21st
May,	15	11	18	18	10	3	2	2	16							31st		
June,	22	4	22	9	11	4	0	1	11									
July,	23	4	21	12	13	1	0	2	8									
August,	14	16	26	10	8	2	0	1	7						26th			
September,	22	11	24	14	17	2	0	0	12						20th		24th	
October,	19	13	14	19	10	2	2	1	7*	3	3	31st	3	31st				
November,	25	7	25	11	16	1	1	1	9	7	5	29th	5	29th				
December,	24	7	22	13	19	4	1	0	5	14	2	3d	8	3d				

I regret that we have no record of the relative humidity of this remarkably rainless year.

* Very smoky 16 days.

(Transactions to be continued.)

SELECTIONS.

A NEW ANTI-PERIODIC AND A SUBSTITUTE FOR QUINIA.

BY RICHARD S. CAUTHORN, M. D., RICHMOND.

I desire to call the attention of the medical profession to a plant, indigenous in our country, very abundant, and of great value as a therapeutic agent, but which has been classed with the secondary remedies of our materia medica, and has thereby attracted very little of the attention of physicians. It certainly deserves a place in the *first* rank of remedial agents. In my humble opinion, it deserves to occupy a position as an anti-periodic, by the side of the far-famed cinchona.

The plant was first presented for my inspection in September last, by Mr. Joseph Barnard, of Henrico County, Virginia, who had informed me more than twelve months previously, that he was in possession of the knowledge of a plant, the bark of whose root would cure intermittents with more certainty than quinia.

When he presented me the plant, he remarked that by it he had succeeded in curing a protracted case of ague and fever which had baffled the skill of a neighboring physician, and that if I would try it, I never would use quinia again. This I thought was very great praise, and I determined to give it a trial, but being busy at the time, and not having an opportunity to give it the attention which I thought it merited, I had the plant laid by for a more careful examination at some leisure moment. When, after some lapse of time, I again took it up for examination, I found that, from its having been so broken up in order to its more convenient portability, together with the crisp and friable state of its leaves, I could not satisfactorily determine its precise species. It was shown, however, to one of our servants living in the country who said he was familiar with it, and that it was old Dr. Ragland's Root of Man; that he had used it frequently, and had but recently cured himself by it of ague and fever. Subsequently, I obtained several other specimens, but imperfect ones, for relentless Jack Frost had robbed them of their foliage, and had left me nothing for inspection but roots and stems. I think, however, from what I have seen and what I have learned from M. B. and our servants, that I have arrived at a correct conclusion as to its species and its name, which I will endeavor to verify next summer, if I live, and if I find that I have been mistaken, I will acknowledge the error.

This plant has been in use in the counties of Henrico, Hanover and Goochland, as a domestic remedy in various diseases for twenty years, and perhaps, for a much longer period, under the appellation of the root of man or man root, which name was given it probably by an illiterate and eccentric old root doctor of the name of Ragland, who died a few years ago, in the lower part of Goochland county. This very eccentric old man once prescribed it for tooth ache in a respectable married lady of my acquaintance, who was unblessed with

children, saying, "Madam, you must take the root of man." The lady told of the doctor's prescription to some of her female friends, who, considering the name of his remedy as a sort of double entendre, enjoyed it as a good joke, the recital of which has rarely failed since that time to provoke in either sex, a hearty laugh. Our servants have used it in various complaints for many years, infused in whisky. Since I have been endeavoring to test its virtues as an anti-periotic, I have conversed with various persons from the country, in whose neighborhood it is in general use among negroes and the lower classes of whites. One gentleman of Henrico told me that he had heard of at least fifty cases of intermittents which had been cured by its use. I was informed by another that the negroes about Ashland, Hanover, used it liberally and successfully for the same purpose in the form of bitters (tincture.) I understand that the milk of the stem has been successfully used to cure verrucæ, circinatus and some forms of favus.

When I began my experiments with this plant, I thought it was probably a nondescript, but further investigation has changed my opinion, and satisfied me that it is no other than the common milk weed, or silk weed, the Asclepias Syriaca of the United States Dispensatory.

In that work it has been classed as secondary, and in the earlier editions thought worthy only of a passing notice. In the tenth edition it occupies more space, but no indication is there given, I believe, of its ever having been supposed to possess anti-periodic properties.

It is unnecessary for me to attempt a description of it, as that has been given, (as I suppose,) in the Dispensatory. I will add, however, one or two descriptive features by which the plant may be recognized, I think, in early winter even when stript of its foliage.

The caulis, or stem is, as described, simple. It rises at right angles from the root, straight as arrow-wood, to the height of from three to five feet. Its cortex or external tunic is extremely thin and delicate, and when frayed presents the appearance of raw silk. If this be twisted into a thread the size of sewing silk, it will be found as strong as that article, and perhaps stronger. The root runs horizontally a few inches under the surface of the ground, and frequently more than one stem arises from a long root. When a simple stem with the root is dug up and inverted it resembles the letter T, from which resemblance Mr. Barnard called it the T plant. It may be found most frequently on head lands, or in fields which have not been cultivated for two or three years. When found in fields which have been recently cultivated, the root will be found to have penetrated into the earth unusually deep.

The root is so intensely bitter as to render its infusion, though a very convenient, yet to many persons, an insuperably objectionable mode of administration, and like the stem it is so very lactescent, that its bark requires a long time to dry before it can be pulverized for pills. It is taken very readily by most persons in pills, less so in tincture. I have heard that in domestic practice it had sometimes

produced emesis and catharsis, but in my hands, given in pills, sometimes to the extent of grs. xviij. or ℥j. perhaps, it produced no such effects not even the slightest nausea. Mr. O. A. Strecker, druggist of this city, to whom I gave some of the root, informed me that he had chewed some of it and in him it produced some nausea. I will now proceed to detail my experiments with the medicine as an anti-periodic.

Case I.—In removing the bark from the root of the plant, furnished me by Mr. Barnard, the only one experimented with, an inspissated viscous juice adhered to the fingers, which was scraped off and rolled into eight pills smaller in size than a buck-shot. These were sent to one of our women living in the country laboring under intermittent fever. The woman took the pills and was speedily cured.

A small portion of this bark after it had been dried in the shade, was pulverized, mixed with a little capsicum, and, with the aid of a little wheat flour, was made into pills about the size of buck-shot, and put away for a suitable case in which to try their value.

Case II.—On the third of October, I was called to see an elderly negro man at a short distance above the city, who was taken alarmingly ill the day before, of an ague, the first, he said, which he had ever had in his life. I found him dejected, complaining of pain in the back and limbs; general uneasiness, but with little or no fever, and with a clean tongue. I directed him to take of the pills above named, two at a time every two or three hours, unless he should have a chill or a rise of fever, in which case he must discontinue their use.

October 4th. Found the patient with little or no fever, but complaining still; said the evening before he became chilly and afterwards had a hot fever. His tongue was now coated. I prescribed hydrarg. chlorid. mit. grs. xvj. Divide in pill jv., one to be taken every four hours; after his having taken the last pill, and, for fear he might have another paroxysm, directed him to continue the tonic (anti-periodic) pills also, and to take, two or three hours before time of the expected paroxysm, six of them at a dose.

October 5th. Found the patient better; medicine had been taken as directed; spirits much improved; had no chill last evening; tongue still coated; complained of some pain in the back and chest, but no symptoms indicating serious pectoral disease. I directed him to take the tonic pills as before, i. e. two at a time every two or three hours as a general rule, but that the last dose, which was to be taken two or three hours before the expected paroxysm, to be increased to six pills at a dose.

October 6th. Patient not feeling quite as well this morning as yesterday, but no chill last evening; tongue looking rather better. Continue the tonic pills occasionally, two at a time.

October 7th. Patient thought he had a slight chill last evening, followed by some fever; tongue cleaning slowly. Ordered a few grains hydrarg. chlorid. mit. and the tonic pills to be continued regularly two at a dose.

October 8th. Patient had a profuse perspiration last evening, but no chill; a gradual improvement in the symptoms generally. Continue the tonic pills occasionally.

October 9th. Patient much better; has taken a few pills.

October 10th. All symptoms of disease had disappeared, and he felt well enough to leave his room. I would remark here that this patient was laboring under mental distress, caused by the death of his wife, a few weeks before, which, I think, caused a protraction of his disease, and thereby demanded a greater amount of the tonic (anti-periodic) medicine than I subsequently found it necessary to administer. This patient took some thirty or forty pills, containing each two or three grains, as I suppose, for I did not weigh the medicine. It produced no unpleasant sensation about the head, no buzzing in the ears, and no sick stomach, as I expected it would do from what I had heard of its action.

Case III.—October 5th. Visited Miss J——, a robust female, laboring under tertian ague of some weeks duration.

Prescription—℞. Hydrarg. chlorid. mit. grs. xvj.
Fiant pilulæ jv.
Unam sumend. quaque quart. hora;

to be followed by a dose of oleum ricini four hours after the last dose. Quinia, grs. vj. in solution with tinct. opii, gut. xxx. to be given an hour and a half before the expected paroxysm. She objected to the quinia, because upon trying it several times before I saw her, it distressed her head. The next day, October 6th, I sent her of the root mentioned above, two dozen pills, prepared without capsicum or any other medical agent, containing, I suppose, two or three grains each. She took one dozen and was cured. I visited her but once.

Cases IV., V. and VI. I was called, October 26th, to see Mr. P—— and two of his sons, one aged about five, the other about seven years, all laboring under intermittent fever.

The type of the fever in the children was tertian, in Mr. P—— double tertian. They had been sick a week or more; had taken mild chloride of mercury, oleum ricini and quinia repeatedly without relief; Mr. P—— was jaundiced and complained sadly. I directed mild chloride of mercury in small doses, to be given at intervals of four hours, to be followed four hours after by oleum ricini. I directed quinia to be given also an hour and a half before the expected paroxysm. Mr. P—— dreaded the quinia, saying it affected his family very unpleasantly. I told him I would the next day bring him a substitute for quinia.

October 27th. Mr. P—— had the paroxysm to-day, not having taken the quinia sufficiently early to prevent its recurrence, as it came earlier than he anticipated.

I found the children in the apyrexia. In them, the paroxysm was not looked for till next day. I directed Mr. P—— to take as a dose two of the pills which I had prepared for him as soon as the fever should decline, every two or three hours as a general rule, but to be sure to take one larger dose, say some four or six pills, about two or three hours before the expected paroxysm, also to take hydrarg.

chlorid. mit. grs. ij. at night. I directed Mrs. P——, the mother, to give the children the pills worked up in a little syrup in the manner directed for Mr. P——, only in smaller doses.

October 28th. To-day I deferred my visit to a later hour, in order to see if my pills had been efficient. To my great satisfaction, I found upon inquiry that not one of the patients had had a chill, and that the icterode hue which had been observable in the skin and conjunctivæ of Mr. P—— was passing off. I directed Mr. P—— to take at night two grains more of mild chloride of mercury, and the pills to be continued to all the patients as before.

October 28th. The medicine had been taken without producing the slightest uneasiness, the patients were all convalescent, and I discontinued my visits.

I would remark here that the pills used in these three last cases contained no other medicinal agent than the bark of the root furnished me by Mr. Barnard, and that each contained, as I suppose, about two or three grains. I would further remark that not more than about three dozen, or three dozen and a half of the pills were consumed by all three of the patients. I furnished two other gentlemen, who applied to me for advice in cases of intermittents then prevailing in their families, with some of the same kind of pills, but I have not heard the results.* I presume, however, that they effected cures, else the gentlemen would have returned for further advice, as I am their prescribing physician.

It will be seen from the above that six cases of intermittent fever have been treated with a plant (which I believe to be the Asclepias Syriaca) used as a substitute for quinia, in every case with success, and without its once producing any of those distressing symptoms which frequently attend the exhibition of quinia.

I have now given my little experience of the anti-periodic properties of this plant, together with what I have been able to glean from other sources, (not neglecting the most humble,) for the benefit of the profession and of the community, and particularly for that of the *poor people* of our country. For, if the very high estimate which I have ventured to place upon its anti-periodic virtues, should be confirmed by future investigations of my medical brethren, as well as by myself, it will assuredly prove a benefaction to the *poor*, who can gather from their own fields this most useful plant, without being indebted to Madam Cinchona, that costly exotic, for the cure of their ills.

But I will draw this tedious article to a close, for like most scribblers, I have already protracted it to a greater length than I intended, and have, no doubt, sufficiently wearied the reader. The only excuse I have to offer for writing at all is that of a desire to raise to its *proper level* one of our most valuable anti-periodics, and thereby to subserve the cause of the healing art and of humanity. As this will not reach my professional brethren before the beginning of a new

* Note.—Since writing the above, I have been informed that one of these gentlemen cured his son and one of his neighbors with the pills I gave him.

year, I send it to them as a greeting of the season, wishing them the fullest enjoyment of every pleasure that may be rational, and of every amusement that may be innocent.—*Monthly Stethoscope.*

Richmond, Va., Dec. 2, 1856.

INFANTILE DENTITION.

In our preceding communication on Infantile Dentition, we directed attention to the minor ailments during teething, and remarked that careful hygienic management was the only means necessary to bring such cases to a successful termination. We shall now proceed to the consideration of the pathology and treatment of the severer and more dangerous disorders that frequently supervene during the eruption of the temporary teeth, and which, with the exception of contagious and epidemic maladies, comprise the greater part of the diseases of infantile life.

The symptoms of morbid dentition are referable to inflammation or induration of the gums, and to the various sympathetic and constitutional disorders which originate in these sources of local irritation. When the gums are inflamed, they become hot, dry, and injected, and so exquisitely tender that the infant often refuses to seize the nipple. General symptoms are superadded, and are marked by heat of skin, quick pulse, vitiated excretions, hurried respiration, and disturbed sleep. The secretion of saliva is sometimes abundant, at other times it is remarkably deficient. The inflammation occasionally extends to the salivary glands and to the mucous membrane of the lips or cheeks; and it not unfrequently happens that the gums become ulcerated.

When the gums are merely indurated, there is very little tenderness, no redness of the part affected, and the secretion of saliva is not increased. The gum is thickened, but, otherwise, presents an appearance so natural, which is of the greatest importance, is frequently overlooked.

The principal thing in the treatment of these cases is to lance the gums freely. A superficial incision will be of no avail; the gums must be cut down until the lancet impinges on the approaching tooth. The only caution required is that the incision be inclined outwards in order to avoid the tissues which connect the permanent and temporary teeth. The shape of the gum lancet is a matter of consequence. In order to keep the instrument steadily fixed in the handle, it should have a spring back; the blade should be rather round and broad, and extremely sharp. The operation requires considerable skill and caution to ensure its safe and effectual performance. The terrors of the mother and the restlessness of the infant frequently render it by no means an easy operation; and the careless operator is apt to wound either the cheeks or tongue, to make the incision too superficially to be of the slightest use.

The prejudices of former writers against this invaluable operation scarcely require comment; but as we still find a few, and we are happy to say a very few individuals, who retain a bigoted faith in the absurd dogmata of their forefathers, we will briefly refer to the objections which have been urged against the utility of lancing the gums. The first is, that the cicatrix, which is formed after the division of the gum, is likely to offer more resistance to the passage of the tooth than the natural tissues of the part. This notion is entirely opposed to the truth; the preternatural readiness with which recent structures are absorbed, is shown in the newly formed cicatrices or wounds of the extremities to become ulcerated. But were it otherwise, no injury would result from a repetition of the operation, a mode of proceeding which is often required when the first division of the gum has failed to give relief. The second objection which has been advanced is the danger of serious hemorrhage from the gums. The possibility of such an accident occuring once in a hundred-thousand cases, in consequence of a hemorrhagic diathesis, constitutes a contingency so remote, that we need not burthen the memory with the recollection of it. One other charge against the propriety of the operation remains to be disposed of. It has been urged that there is danger of injuring the second set of teeth, which are placed under the milk-teeth. Nothing short of the clumsiest manipulation could effect a serious injury of this description. By exercising the precautions which we have previously recommended, such a result is impossible.

In addition to free divisions of the gums, it is advisable in cases of severe dentition that the bowels should be well opened; if, however, the action of a purgative should be followed by a tendency to hypercatharsis, with tormina and copious mucous stools, it will be necessary to check these symptoms by the exhibition of chalk mixture and ammonia. It must, however, always be borne in mind, that brisk purgation is one of the most effectual means of counteracting the local irritation of teething.

The most important of the general symptoms are those occasioned by the *reflection* of the irritation to the brain and nervous system. When this condition obtains, the pupils of the eyes are dilated; the child moans continually and waves its head in a distressing and irritable manner. Violent convulsions often ensue, and recur in quick succession, until death, provided prompt relief is not procured, puts a period to the infant's sufferings. An extensive practice, connected with affections of this class, has convinced us that the intimate connection of cerebral diseases with infantile dentition has not been sufficiently recognized, and that a more general acquaintance with the fact would be the means of saving many an infant from a premature grave.

A very common effect of teething is diarrhœa, attended with tormina and tenesmus. When the purging is not excessive, as we have previously observed, it ought not to be arrested. The infant will emaciate under its influence; but as soon as the teeth appear, the child will begin to regain its flesh and strength. Vomiting is an oc-

casional complication with diarrhœa, and many require for its removal a mustard poultice or a blister to the epigastrium.

Eruptive affections of the skin are among the commonest and most troublesome sequellæ of teething. Papular and vesicular eruptions make their appearance, especially on the head and face, and are often extremely difficult of removal. Their appearance is often followed by a subsidence of the constitutional disturbance, and on this account there is naturally a popular prejudice against arresting what is supposed to be a salutary effort of nature. The lower classes are so strongly imbued with this notion, that they allow a moist form of eczema, which often attacks the ears, to run riot as it were, until the parts become violently inflamed and excoriated. Although it would be highly imprudent to arrest the affection hastily, nevertheless, after the teeth have cut the gums, the disease should be remedied by means of aperients, and a lotion of sulphate of zinc.

Spasm of the glottis is another symptom of an alarming kind, which is occasionally produced by the irritation of morbid dentition. It is marked by a loud crowing sound resembling that of croup, but differing from the latter disease in being purely of a spasmodic character, and from the momentary duration of the paroxysms. The attacks generally occur on the infant's awakening from sleep, or on its swallowing food. When the paroxysms are severe the danger of suffocating is imminent; the face and eyes become intensely suffused, the eyeballs protrude, and the general appearance is that of agony from suffocation. After a few moments, the spasm of the glottis subsides, followed by the characteristic inspiratory noise. In some few instances, the face although indicative of intense suffering, continues pale during the attack. After all that we have observed on the importance of scarifying the gums, we need not insist on the paramount necessity of having immediate recourse to the operation in this alarming affection. Its beneficial effects are often immediate; as, however, the paroxysm is apt to recur on the eruption of every fresh tooth, it will be expedient to have recourse to precautionary measures. Laxatives and warm baths should be administered daily; a blister should also be applied behind each ear; and if the child resides in a crowded town or metropolis, change of air is indispensable for its recovery.

We have now enumerated the principal sympathetic disorders consequent on morbid dentition. Before concluding this division of the subject, is it necessary to observe that there are many intractable infantile ailments which are augmented by dentition, although they do not owe their origin to abnormal teething. This fact shows the necessity of careful attention to the gums in *every* disease of early life.

In our next communication we shall offer some remarks on caries and necrosis of the milk teeth.—*Brit. Journ. Dent. Sci. & South. Journ. of Med. and Physical Sciences.*

The compound tincture of Benzoin, in the dose of from fifteen to twenty minims, is recommended in chronic dysentery.

CASE OF POISONING BY OPIUM.

Dr. Gobecht called attention to a case of poisoning by opium, in a child aged *twelve months*, which came under his notice in the latter part of Nov. 1856.

The child was said to have had administered to it about a *teaspoonful* of laudanum, with castor oil in equal quantity, in mistake for syrup of rhubarb, at about seven P. M.; for about half an hour it was unusually wakeful, and the error was not detected until it was placed in its cradle, when stertorous respiration supervened.

Some length of time was consumed in the ineffectual search for a physician, so that it was half past nine o'clock when I saw the child, about two and a half hours after the administration of the poison. He had, however, taken by previous advice, Cupr. Sulph., gr. j, Ipecac., gr. ij, in divided doses, during fifteen minutes, but without result. This I followed with Zinci Sulph., gr. j, Ipecac. gr. ½, intending to repeat the dose if required, and applied the poles of an electro-magnet to the nape of the neck and the pit of the stomach, with low power, to aid in vomiting, but without effect. But the rapidly increasing insensibility of the child, with pin-head pupils—determined me to use the stomach-tube. With a male catheter and a two ounce syringe, I washed out the stomach, and as an attempt at vomiting seemed to be produced by the distention of the organ after a little time, I withdrew the tube—a single regurgitation followed, and the infant sunk back exhausted and as pale as death. Stimulation with small doses of strong coffee and brandy, caused it to rally—when I again washed out the stomach; the fluid thus passed through the organ was starchy in appearance, and sour to smell, but with the very faintest odor of opium—showing that in all probability the laudanum had been almost entirely absorbed. As the infant rallied a little and could be roused by some exertion, it was shaken, walked up and down, slapped and stimulated by coffee and brandy, until eleven o'clock; when suddenly it seemed to be impossible to keep it longer awake, its head falling on the shoulder, and its surface being cold and pale, the pupils remaining contracted; in short, the exertions to prevent its falling into irrecoverable stupor, were necessarily so active, that I feared that even if it resisted the opium, it might eventually die of exhaustion. I therefore, having partly wrapped the two poles of a powerful electro-magnetic machine in towels, by which to hold them, applied one pole to the nape of the neck, and the other to the pit of the stomach, for the purpose of keeping up artificial respiration, and the action of the heart. I commenced with the lowest power without much effect, and gradually drew out the keeper of the magnet to its full extent; even this for some time resulted in very little good, so little that at about half past twelve I believed the case entirely hopeless; but by constantly removing and re-applying the pole, with this full power, at the nape of the neck, every few seconds, I was enabled to produce a perfect respiratory act, and decidedly to increase the action of the heart. This condition continued as long as the electro-magnet was used, but when the latter

was discontinued for a little, these actions would become slower and weaker, and almost cease. Finally, by its continued use I perceived a faint blush on the scalp, which increased, the child stretched itself backward, raised its head, the face was suffused, it opened its eyes, and the pupils dilated. On suspending again the use of the instrument, it relapsed into almost its former condition. This happened many times, each time the infant coming quicker under the influence of the magnetic current.

The proceedings, as before mentioned, were continued until two o'clock, just three hours, when, on stopping the machine, respiration and the action of the heart continued undisturbed; the pulse was full; the skin red and warm; and a warm sweat broke out on the forhead; the child continued in a gentle sleep for half an hour, and then raising its head and opening its eyes, with the pupils naturally dilated, recognized its nurse and parents, played with its toys, and was quite well.

It has never had an unpleasant symptom since.

The instrument employed (Kidder's, large size) was of such power as to produce the most violent effects on myself and others when tested; but acted in no other way upon the child than by producing artificial respiration, at least until the close of the proceedings, when general contractions and some pain were made evident.—*Transactions of Phil. College of Physicians & Cin. Monthly Obs.*

THE SEAT AND NATURE OF HOOPING COUGH.

BY M. BEAU.

Read before the Academy of Sciences, Paris. Translated from the *Gazette Medicale* for the MONTHLY.

Hooping cough is symptomatically characterized by a sort of convulsive cough, which so resembles, that it may be mistaken for it, that condition of imminent suffocation which is experienced when one swallows, as it is vulgarly called, *the wrong way*. The seat and the nature of this disease—peculiar to infancy, which it often affects epidemically—are still unknown. According to some authors, it is one form of bronchitis; in the opinion of others, it is a pure and simple nervous affection of the air-passages; according to others, again, it is a complex disease, belonging, at the same time, to catarrhal and nervous affections. The aim of this article is to show that hooping cough is an inflammation of the air-passages, as I have learned from the various examinations of the cadaver which I have made. I will show, in addition, that this inflammation occupies a somewhat narrow and singularly circumscribed position; and, as we shall see, it is precisely the peculiar seat of this inflammation which will readily explain to us the characteristic symptoms of hooping cough.

Hooping cough, we have said, resembles the condition of imminent suffocation produced by the penetration of a drop of liquid into the

larynx. Nothing remains to render the similarity complete, except to find in the material circumstances of the disease the drop which falls from time to time into the larynx, and produces, as does that which is sometimes introduced therein during the act of swallowing, the effects of suffocation which we have noted. But the possibility of the fall of a drop of liquid exists also in hooping cough, as we shall endeavor to show.

The portion of the mucous membrane of the air passages which, as we have above stated, is inflamed in hooping cough, is that somewhat narrow zone which exists between the superior orifice of the larynx and the superior vocal chords. This rather limited supra-glottic region, as is well known, becomes gradually enlarged, in proportion as we ascend from the glottic opening towards the superior orifice of the larynx, so that its general form is somewhat like an *infundibulum*, or funnel, whose base is above at the superior orifice of the larynx, and the smaller end below at the opening of the glottis. This is the very point which my anatomical investigations have most positively shown me to be affected by inflammation. The mucous membrane forming this supra-glottic funnel is red, slightly swollen, and often covered with a little muco-pus. Now, this muco-purulent secretion, when it exists in sufficient quantity, must fall or flow upon the glottis, and it cannot fail to be received there as a veritable foreign body. This, in fact, does takes place—that is to say, suddenly the glottis contracts, and from this, there results a sharp hissing sound upon inspiration; then there succeeds a spasmodic and jerking cough upon exspiration, and this cough is followed by the rejection of quite a large quantity of phlegm suddenly secreted, in which the muco-purulent drop, the cause of all these symptoms, is diluted and brought away.

It now remains for us to show, by the assemblage of other characteristics of hooping cough, the truth of the symptomatology just developed.

The duration of hooping cough is usually divided into two periods —a catarrhal period and a nervous period—and from this very dividing line, we recognize in it a complex nature, belonging, at the same time, to catarrhal and nervous affections. The catarrhal period, in addition to the symptoms of intermittent and characteristic suffocation, is marked by general phenomena, such as restlessness, exhaustion, anorexia, painful weariness, and even sometimes fever. The nervous period, of such greater duration than the preceding, is attended only by the characteristic symptoms of suffocation, which, during this period, are both very marked and very frequent. It must be seen that these two periods are perfectly intelligible, when considered as supra-glottic laryngitis. Indeed, in the first period, called catarrhal, there is restlessness, weariness, and fever even, because the supra-glottic laryngitis is in the acute stage. In the second period, called nervous, there are no longer general symptoms, because the inflammation has passed into the chronic stage; and the local symptoms of characteristic suffocation are at the same time more in-

tense and more frequent, because the secretion of muco-pus, which falls upon the glottis, is also both less viscid and more abundant.

The spasms in hooping cough are often hastened by some moral cause, such as a sudden emotion, anger, &c. This etiological circumstance, which is considered as a stamp of its nervous nature, is very readily explained by the inflammatory nature of the disease. In truth, we frequently see persons, affected by a humid rash of the face, present a sudden increase of the eruption under the influence of some sudden emotion. Why may not that which occurs in the secreting inflammation of the skin of the face also happen in the secreting inflammation of supra-glottic laryngitis, thus provoking more readily a paroxysm of hooping cough?

Until now it has been said that the paroxysms of hooping cough are preceded by a peculiar sensation of stricture in the pharynx, or about the upper parts of the throat. This premonitory symptom is very naturally explained by locating hooping cough in the supra-glottic region of the larynx.

Finally, there remains the question of the contagion, which is admitted in hooping cough, and which is easily understood, in accordance with the views forming the subject of this article. In fact, analogy naturally leads us to admit that the supra-glottic laryngitis, which gives rise to the symptoms of hooping cough, may be contagious, just as pseudo-membranous laryngitis and stomatitis and conjunctivitis are contagious. Certain corpuscles, retained in solution, and in some degree volatile, after having been expelled by expiration, may very easily be inspired by other individuals, and in that manner be deposited upon a healthy larynx, which thus becomes inflamed by contagion.—*Am. Med. Monthly.*

OF FISSURE OF THE ANUS, AND ITS RADICAL CURE, WITHOUT A BLOODY OPERATION. By Dr. Chapelle.

Read before the Academy of Medicine, Paris. Translated from the *Gaz. Hebdom.* for the Monthly.

There is in this disease a neuralgic element which is its principal constituent. This accounts for the inefficiency of the therapeutical agents employed for the cure of the wound alone. All topical agents which do not act vigorously upon the neuralgic element have been and cannot fail to be powerless. Among the curative means prescribed for this affection, the incision of the sphincter, used by Boyer, and, since his time, adopted by most modern surgeons, has been the most successful. This operation acts in the same manner as the division of nerves in other neuralgias. Observation shows that the therapeutical result is the same whether the section is made at some distance from the muscle, or near to the fissure itself, another proof that the erosion of the mucous membrane is but of slight importance in this disease.

It was the decision as to the neuralgic character of this affection which led me to the discovery of a means for curing fissure of the anus, as simple as it is efficacious. Chloroform, dissolved in alcohol, is the means with which I have invariably succeeded.

I diminish or increase the proportion of chloroform according to the degree of sensitiveness of the patients. Ordinarily, I use the following:

Chloroform - -	1 part.
Alcohol - - -	5 parts.

I proceed as follows: With the fingers of the left hand I separate the borders of the anus, then I introduce deeply into this opening a badgers hair brush, previously saturated in the chloroform solution, and then withdraw the fingers. The sphincter naturally posses when the brush previously saturated in the chloroform solution, and then withdraw the fingers. The sphincter naturally presses upon the brush, expresses the liquid which it contains, which acts rapidly upon the contracted tissues, produces a severe and penetrating heat upon the contaminated surfaces, and particularly upon the points where the fissure exists. Soon after the abnormal contraction ceases, and the patient only feels the effect of the liquid applied.

This mode of treatment is quite inoffensive. It has no other inconvenience than the local and immediate pain which follows the application of the chloroform liquid, but this disagreeable sensation soon passes off. Fourteen cases of annal fissure are reported, in which this means was used with constant success. Of these fourteen cases, four were cured by a single application: six by two; in three others it was necessary to have recourse to it three times; and in one only, four applications were necessary before a cure was obtained. —*Am. Med. Monthly.*

EDITORIAL.

Explanatory.—On a personal interview with Dr. A. R. Terry, since the issue of the March number of this journal, we learned, what we very much regretted, that the editorial preface to the article of Dr. Taylor, published in that number, was not, in the opinion of Dr. Terry, so explicit as to remove all doubt from the mind of the reader, of our intention not to endorse the sentiments of the writer of that article. We take therefore the first occasion that presents itself, of disclaiming participancy in either the motive which prompted the production of that article, or the manner in which the subject of it was treated.

Our long subsisting kindly relations to Dr. Terry, relations that we have no wish to disturb, as well as our great respect for his pro-

fessional attainments, have induced us to repeat what we ourselves supposed had been quite distinctly said before.

EDITORS.

SEVENTH ANNUAL COMMENCEMENT OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF MICHIGAN.—These exercises were held on Thursday the 26th of March, preceded by two days exercises in public reading and examination of Theses, and the whole passed off in a highly satisfactory manner to those more immediately concerned as well as to the numerous spectators who were present.

The examinations both private and public were decidedly more than a form, and were sustained with great credit by those who received the honors of the Institution. This seems to be the universal testimony and opinion.

The commencement exercises were held in Union Hall, a room capable of seating over 1000 persons, and it was well filled by former graduates of the College, members of the State Medical Society, (which held its meeting the day before,) by men of various professions, and citizens generally.

These exercises consisted of: Prayer by the President of the University—reading of a Thesis by Wm. Parmenter—conferring of Degrees by the President—Address to the Graduates by our friend and former associate E. Andrews, M. D., of Chicago, and the Benediction; the whole intersperced by excellent music from a band.

The Thesis upon "The Oxygen Carriers" was an unusually, logical and closely written production, and although quite intricate in its development, was listened to throughout with attention.

The Address to the Graduates was in Dr. Andrews' peculiar and impressive style, and was received with almost every possible demonstration of favor by the audience, a very large portion of whom were his personal friends. The address was, indeed, in its way a gem of the first water; not to be sure, polished down to the most absolute smoothness, or set with such surroundings as to attract attention from its native lustre, but like a *diamond* picked up from the rich mine, and though with some of its angles still upon it, yet sufficiently wrought to exhibit its purity, its brilliancy and its exceeding value.

We need not characterize it further, as we shall by the request of the class, and the permission of the Author exhibit it in our columns. We append a list of the Graduating Class with the subjects of their Theses.

ROBERT E. BARNES, ... Peritonitis
ROBERT BRUCE, ... Adynamic Fever.‡
TIMOTHY T. COLEMAN, ... The Liver.†
THOMAS DAWES, ... Phthisis.
JEREMIAH W. DEARBORN, ... Typhus Fever.
WASHINGTON A. ENGLE, ... Chemical agency of Heat.
JOEL H. FISK, ... Pernicious Fever.
CHARLES A. FLETCHER, ... Blood-letting.
JAMES B. FORD, ... Death.
GEORGE F. HAND, ... Acute Peritonitis.
WM. WALLACE HIPOLITE, ... Zymotic Diseases.†
ROBERT C. HUTTON, ... Fibrin.
JAMES R. KAY, ... Medicine—The Mysterious.
HENRY M. LILLY, ... Microscope.†
SOLOMON McFARLAND, ... Dyspepsia.
AUGUSTUS G. MERRETT, ... Necrosis.
WILLIAM PARMENTER,* ..... The Oxygen Carriers.
HENRY PEARCE, ... Auscultation.
SAMUEL J. REDFIELD, ... Therapeutical action of Water.
JOHN B. RICE, ... Sequelæ of Malaria.
SAMUEL A. SABIN, ... Strabismus.†
DWIGHT SAYLES, ... Animal Heat.†
CYRUS SMITH, ... Alcohol.
JAMES F. WEEDS, ... Cholera.†
GEORGE B. WILLSON, ... Surgery and Surgeons.†
GEORGE D. WILSON, ... Gangrene.
MILTON C. WOODWORTH, ... Cathartics.

*Diploma to be granted on completing term of study.
†Read during examination.
‡Recommended for Publication.

The number of students in attendance during the course of lectures just closed was 168—an increase upon former years. The moderate number of graduates in proportion to the numbers in the college may attract attention, and the profession will judge whether this be to the credit of the college and those who have graduated or not. We think it to the credit of both.

SCHOOL OF CLINICAL INSTUCTION, APPURTENANT TO THE UNIVERSITY OF MICHIGAN, IN DETROIT.—Our readers will learn by the following extract, from the records of the Board of Regents, that this important want of the medical neophyte is about to be supplied.

(EXTRACT.)

"*Resolved*, That Z. Pitcher, M. D., Em. Prof. of the Institutes of Medicine and Obstetrics in the University of Michigan, be and he is hereby appointed Clinical Instructor, to commence and perfect as far as practicable a course of clinical instruction for the students of the Medical Department of the University, in accordance with the views expressed in his letter of March 5th, 1857, addressed to the Chairman of the Committee on Clinical Instruction."

The necessity of giving daily attention to my private engagements will prevent my devoting to the duties of this appointment, all the

time that its importance demands. I shall therefore associate with myself in the discharge of these duties, Professor A. B. Palmer, of the University, from whose zeal and recognized ability I expect to derive important assistance.

No student will be admitted to the privileges of this course of instruction who is not a matriculant of the University, and who has not the preliminary education required of candidates for the degree of M. D., and has not attended one full course of lectures in the Medical Department of Ann Arbor.

Preference will be given to those students who have attended two courses of lectures, the analytical course of Chemistry, under the direction of Professor Douglass, included.

The authorities in charge of the St. Mary's House for invalids in Detroit have consented to the opening of that institution to the students of the Medical Department of the University, under the direction of a clinical instructor. This house contains about one hundred beds, and furnishes facilities for studying practically most of the usual varieties of disease, incident to this climate.

In the course of the summer, the Marine Hospital will also be opened to them, where they can see the diseases and assist in the treatment of injuries peculiar to seamen.

The time for commencing this course, not being designated by the Regents, in the exercise of a discretion assumed to be conferred, I have thought best to appoint the 15th of June for that purpose, reserving the right, unless overruled by the proper authority to vary the time hereafter, if that date should be found to prejudice the operations of this, or any other sub-department of the University.

Detroit, March 28, 1857.

Z. PITCHER.

BLANCARD'S PILLS OF IODIDE OF IRON.—We call attention to the advertisement of Blancard's Pills of Iodide of Iron. These pills have obtained a wide celebrity in the profession both in Europe and this country, as an eligible form for the preservation and administration of this excellent article of medicine.

It is unnecessary that we should dwell long upon the medical properties of the Iodide of Iron. All the recent works on Materia Medica treat of the article and its applicability to disease. It combines the tonic and restorative qualities of Iron with the peculiar, alterative and corrective qualities of Iodine.

It is found by experiment that the Iodide of Iron, when administered in proper doses, has upon the stomach the ordinary effects of other soluble salts of iron, increasing the appetite, and improving digestion; and is taken into the blood enriching that fluid and operating upon the whole system as a tonic. It is less astringent than the Sulphate, and probably also than the Nitrate or Chloride,—but its peculiar advantages consist in its adding other qualities quite distinct from those of the Iron but not incompatible with them, dependent upon the Iodine it contains. These qualities are manifested in the alterative, diuretic and sometimes laxative effects which are produced. The Iron it contains acts as a restorative hæmatic, and is to a great extent retained in the blood and the system when it is needed—the Iodine as a Catalytic hæmatic, correcting morbid processes or conditions in the blood and solids, and then passes out of the system, exciting the kidneys and other secreting organs in its passage. The experiments of Quevenne, together with therapeutical observations of the most eminent practitioners, show this quite conclusively. Quevenne ascertained that after this compound was taken, but little Iron was found passing by the kidneys while Iodine was found passing abundantly, showing that the ingredients were separated in the system and most of the Iron retained,—while the therapeutial observations of Magendie, Andral, Bouchardat, Ricord, Thompson and a host of others prove the beneficial effects of the article in that large range of cases where a chalybeate tonic is needed, at the same time, a scrofulous or syphilitic vice is to be corrected, or where the deobstruent, sorbifacient, or eliminative effects of the Iodine are required.

Iodide of Iron is a very favorite prescription with us in many cases of strumous debility, and the various forms of local disease depending upon or accompanied by such a state.

In scrofulous tumefactions and indurations, in which there is at the same time diminished secretions and impoverished blood, nothing can be more appropriate.

We have only to add that it is somewhat difficult to keep this article in a condition fitted for use without its undergoing changes which impair its qualities, and that Blancard's pills are among the most permanent and reliable forms in which the medicine is given.

Philadelphia Schools.—There have been in attendance upon all of the schools in Philadelphia, during the past month, about 1500 students; of whom Jefferson College had about 500; University of Pennsylvania 400; Pennsylvania College 150.

THE PENINSULAR

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AND THE COLLATERAL SCIENCES.

VOL. IV. MAY, 1857. NO. XI.

ORIGINAL COMMUNICATIONS.

ARTICLE I.

Address of E. Andrews, M. D., to the Graduating Class of the Medical Department of the University of Michigan, March 26th, 1857.

ANN ARBOR, March 26th, 1857.

DR. ANDREWS:

Dear Sir:—At a meeting of the Graduating Class of the Medical College of the University of Michigan, it was unanimously voted, that a copy of your address, delivered before them this day, be requested for publication.

Respectfully,

J. B. FORD,
G. F. HAND,
J. B. RICE,
} Committee.

ANN ARBOR, March 27th, 1857.

Gentlemen:—The address which you have done me the honor to ask for publication, was prepared in haste; but such as it is, is at your service.

Yours respectfully,

E. ANDREWS.

DR. J. B. FORD.
" G. F. HAND.
" J. B. RICE.

Address.

Gentlemen:—I have risen from a sick-bed of typhoid fever to prepare this address. If any of you think such a state of things calculated to promote vigor of thought, splendor of fancy and fire of delivery, you are at liberty to cherish your theory as long as you please, and to take your earliest opportunity to test it in your own experience.

Well, here I am, with what little force my sickness has left me, to give you a kindly greeting on your accession to your new position. I congratulate you on the completion of your undergraduate course and the attainment of your intellectual majority. The undergraduate studies are interesting, but they have this drawback to their pleasure, one is all the time conscious that he is adding nothing to the world's knowledge, but only pursuing the track that thousands had pursued before him. But now you have arrived at the borders of the mighty fields of free, untrammelled and original investigation, where you will search for truth in whatever manner you choose, and where the honor of any discoveries you make will be exclusively yours. And I congratulate society, too, on the acquisition of a body of educated physicians, to assist in expelling from practice some of that horde of pretenders whose only sheep-skin is on their own backs, and who have been taken into service by community only because in times not long past there were not educated men enough to occupy the ground.

Now, my friends, I have a kind of brotherly feeling for you. It is not many years since I sat and wearied my bones on the same seats where you this winter have wearied yours. I heard the same professors lecture, for the most part on the same subjects which you have heard. I shouldn't wonder if the discourses were enlivened with the same jokes—you know, it is no business of yours if I did hear them first. Well, I have made an excursion into the world since then, I have taken a view of it, I have measured some of its limbs, I have poked the ribs of the world some and pulled its proboscis to a trifling extent, in short, I have been making acquaintance with the monster, and now I have come back to talk to you about it, being laden with age and typhoid fever, and propped up with wisdom and quinine. Now, I judge that after all your sufferings over your text-books this winter, it would be barbarous to inflict upon you a scientific disquisition. I conclude you are tired of cholera morbus, hydrargyrum chloridum mite, levator-labii-superioris-alæque-nasi and iter-a-tertio-ad-quartum-ventriculum, and all that sort of thing; so let

us cast them aside and talk of the world and of what we have to do with it.

The topic which I wish to impress upon you, is the relations existing between medicine and the great system of human civilization. I use the term system of civilization in its broadest sense. My idea is that there is a certain definite series of sciences and arts necessary to a complete civilization; that through all past ages God's providence has been preparing, one by one, the elements of this system, and that this vast plan looks yet to the far future for its full completion. I speak of the system of civilization as *one for all time*, including all the mighty, but staggering steps by which it reached its present position, all that men of every nation have yet attained to of knowledge or skill, and all that future progress, which growing out of the present, shall usher in a more gorgeous era, whose calmer glory may yet efface the memory of the iron terrors of the nineteenth century.

To understand the better, the importance of our relations to this mighty system, let us look a few moments, and see how it came into existence, and what it is now that it is in existence.

It is probable that man was originally created a civilized being, that is, with a knowledge of such arts as could be practiced in a small community; but this is very far from being all that would afterwards be required. When population increased, when millions crowded on millions, government would be necessary, better agriculture and many new mechanic arts were required; schemes of commerce, systems of navigation, military tactics and a thousand other things became requisite, and by slow and painful steps gradually made their appearance. Those who have never looked at history with reference to this point, can have little conception of the desperate struggles by which through the slow centuries, the main ideas of civilization reached maturity and established themselves forever as parts of the system.

To hear the newspapers talk, one would think it would not require five minutes for a smart man of our time to invent the whole fabric; that, if the world were set back five thousand years, and a bright man of our times set back with it, he would write a flippant octavo, tell the world what it ought to do, and set all right in two years.—Gentlemen, the system of civilization is the growth of uncounted centuries. At every main step in its progress the red arm of vengeance has risen dripping with human blood, and there is not a leading idea in it that was not born to the world with earth-shaking throes.

The elements of civilization were mostly developed separately by single nations in an isolated position and in comparative peace; but, after being developed, they were distributed to the world by the

sword, by the convulsions of war and the tumult of battle. Old Cheops and his predecessors lay sleeping in their caverns and pyramids many centuries, while the busy Egyptians irrigated their lands, chipped stone and hammered iron. If Old Cheops and his comrade mummies knew anything, they knew by the busy hum that the Egyptians were developing some agricultural and mechanical truths. But after a while there came down into their dusty abodes the sounds of battle and of the tramp of hostile cavalry. Egypt was being conquered, but what was of more consequence, the world was thereby getting possession of Egyptian ideas and arts—the conquerors bore off to their own country no treasures richer than these.

So with all parts of the system—each element was developed somewhere in comparative isolation, by some nation whose circumstances and character caused it to dwell upon it, to work at it, to test it and apply it in every possible way until they had mastered it and linked it forever to the practical wants of man. Then the earthquake came. That nation had done its work, it was broken forever, and its idea given in its full growth and strength to the world. In this way all the main ideas of religion, fine arts, literature and civil government obtained a permanent hold in the world. Thus, one by one, the prime elements of the system of civilization were got together. The collection of them cost the blood of millions and the existence of nations, but in man's corrupt state this was necessary. Had the mechanic arts remained shut up in Egypt, the knowledge of the true God been confined to Palestine, and literature to Greece, you and I to-day would have been killing bears for a living on the mountains of Scandinavia.

Again, this system is progressive. Oh! of course it is, say the newspapers; we have new telegraphs and potato hooks, rail roads and rattle boxes, printing presses, new systems of religion, patent turnip choppers and washing machines invented every day. It is amazing how smart we are. The sickening twaddle about progress almost disgusts one out of the use of the word; nevertheless civilization is progressive. Through the dim ages that are past, it has been ponderously heaving like a continent from the ocean's bed. One by one its mighty elements have appeared like mountain chains above the waters, until now it shows a continuous shore and a basis secure beyond the possibility of permanent overthrow. We stand on an unprecedented eminence; boast not, however; the earthquake, and not we, have raised it, and if the flowers of our civilization bloom somewhat fairer, and its forests wave loftier than of yore, it is because the soil is rich

with the blood of those who have gone before us, and who fell for its defence.

The progress of the system is evidently taking place according to a definite forethought. God whose hand neither hastens nor delays his plans, has brought each element to its work at the exact time, when its action was required. The steady combinations of his wisdom fail not of their end.

The present indications are that this system will soon plant itself over the whole earth. It has a terrific life and energy in it. By the march of commerce it is set in contact with every nation, and such is its terrible power that, while those who adopt it are elevated to the rank of civilized nations, those that resist dwindle and perish mysteriously before it. It is no unique thing that the red man is vanishing from our sight—the fiat has gone forth to the world, be civilized or die. And this system bides the coming of a higher and purer development, after it has accomplished the rough work of exterminating barbarism from the earth. There is a richer and more splendid civilization to grow out of this, than we have yet dreamed of. There will be higher attainments in science, purer practice in religion and more skillful works in art than we now enjoy, and we may hope that man will be elevated to something like the happiness his Maker intended.

Such, Gentlemen, are some faint tracings of the system of civilization. Now, throughout this mighty fabric the profession of medicine exerts an influence. Through every fibre of the gigantic form *we are felt*, correcting, modifying and holding back or urging on the forces that animate it. The influence of medical science upon civilization is felt in a great variety of ways, some of which we will consider. One is in correcting the tendency to a certain class of superstitions.

The vagaries of the human nervous system have been in all ages a prolific source of lying wonders and false representations of supernatural influence. So true is this, that there has not been a single outburst of superstition put on record for fifteen hundred years, Mahomet included, in which nervous disturbance did not play a prominent part. These delusions are often the more successful, because the operators themselves are sincere and above suspicion, being themselves deceived by nervous influences, in ways which medical men perfectly well understand. The old fashioned witchcraft often furnished cases to the point. A man, woman or child with neuralgic twinges darting through his body, with no swelling, no fever, no apparent cause, found nothing that agreed with his sensations so well

as the theory of his neighbor, that some invisible hag, sliding in through the key-hole, was sticking invisible pins into him and pinching his flesh with infernal nippers. Now, you know, under such circumstances it is no difficult thing to work a man's nerves up to the point of false vision, so that he would think he saw his tormentor, in which condition he would identify and denounce some old woman and have her hanged. During the Salem witch epidemic some of the affected showed remarkable skill in scrambling up trees and houses and other dangerous places, where they would not have gone naturally. This was taken as sure evidence that the devil was in them, and that somebody ought to hang.

In the early part of the Mormon excitement many attempts were made at miraculously healing the sick, and in cases of nervous diseases there was frequently a temporary success; in purely organic complaints, of course, they failed. It is common for nervous excitement to go to the extent of false vision, and this was formerly a prolific source of superstition, and very naturally, for what people see, they think they know; similar delusions of the ear are common. Again, the superstitious fancies base themselves on the motor nervous system. A man who finds himself executing determinate actions with his muscles without any will of his own, naturally comes to the conclusion that somebody else has got hold of him. He himself, in all honesty, will be more astonished at his performances, than those that see him. The delusions by means of the motor nerves formerly had great power among certain religious fanatics, and have appeared again in modern times as the most prevalent form of nervous superstition.

Now, the tendency to this class of superstitions will never be exhausted. You know, we say in medicine that the vagaries of the nervous system are infinite. The principles of its action are few, but its forms are endless, and to the public every fresh one appears like some new and astounding principle; nor does it avail them at all that the supposed new principle in scientific truth does not differ, equally with two straws from another which in like manner astounded their grandfathers. The tendency to these delusions therefore constantly exists, and we may well believe that, except for the salutary check imposed by medical knowledge on the too ready popular belief, these noxious delusions would block the progress of civilization, and perhaps roll it back to the gates of the dark ages. The knowledge furnished by medical science of the nature of these errors, together with the personal influence of medical men, holds the public to a more correct position, than it would otherwise maintain, and prevents the

disastrous predominence of nervous superstition. Such is one of our relations to civilization.

Again, we create a proper balance among the elements of thought and knowledge in the world, or, in other words, we contribute one of the elements necessary to a complete system of learning. There is a great variety of branches of human investigation and skill, all which are necessary to a well balanced system of civilization. One man is a sculptor; he embodies thought in stone. He does well—the thought that he has petrified, shall live forever for good, and as for him, he is necessary to the perfection of the great whole. Another is a painter —he also is doing a necessary work, he also is modifying the world's thought. One man is a mathematician—right, there is a twofold necessity for him; for not only are his calculations used in all walks of life, but, what perhaps is still more important, he corrects the *thought* of the world. His habit of cool, clear, unyielding accuracy of reasoning, infused here and there, and yonder prevents men from dancing themselves crazy about things they cannot prove. It is one of the influences which keep mankind from jumping into the mortar of German higher reason and exploding themselves up out the reach of all common sense. Then, there is the metaphysician, much vilified by those who do not understand him, but he leaves his mark for truth and good on the thought of the world, and no civilization is perfect without him. And so on with others. I could show how the linguist, the theologian, the lawyer and others are each necessary for two reasons: first, for the direct work he does, and second, for the peculiar modification he stamps on the system of learning. As the resultant of all these forces the great thought of the world moves on in approximately the right track; if you abstract any one of them, depend upon it, something will go wrong in consequence.

Well, in the same manner, a most important effect is produced by medicine and the other natural sciences, of which it may be taken as the head and representative. Its effect is to impress upon the learned world the habit of patient, toilsome accumulation of facts as the basis of conclusions, wherever the testimony of facts is applicable. There is a great tendency in the world to underrate the number of facts necessary to prove a complex conclusion. If a practitioner of the hi. diddle-diddle system of medicine should set himself up in any town, I venture to say that he may take almost any man or woman in it, and if he can show him or her two consecutive cures under hi-diddle-diddle treatment, in a large portion of the cases that man or woman will believe in him on the faith of these two facts. If he can take his

man and show him five consecutive cures, there is not one man in fifty that will resist the evidence. Why, the man will mount his high horse and glorify the hi-diddle-diddle system all over town; he don't believe it possible for anything to be more satisfactorily proved, yet he has seen but five facts, and every physician knows that five cases, or fifty wont establish any conclusion complex enough to be called a system.

The tendency to such delusions constantly exists, and the natural sciences operate to check them by gradually impressing the public mind with number of facts necessary to conclusions and inducing more cautious habits of reasoning, than they would otherwise possess.

Again, there is always a set of sham sciences dancing about in community. They are the outgrowth of hasty induction from a small number of half ascertained facts, topped out with a rank growth of imagination. However, the new science gets ology tacked to its name, and a handbill announces that Professor Bubblebrains, of way down East, will lecture thereon. Well, he does lecture thereon, and on almost every thing else with it; his science and lecture, as one has well said before me, consists of all the odd ends, fragments and rag-tag remnants of other sciences, worked up into an astonishing learned looking humbug. There is a tendency among the populace to swallow this trash without any other limit than we impose upon it. The people like to have things worked up for them into something astonishing, without the trouble of slowly sifting all the facts; so Bubbleology has a tremendous run, and Prof. Bubblebrains fills his pockets with many quarters, and departs. But under this green success the cool scalpel of medicine is cutting its way. For some unaccountable reason, the Doctors don't believe in the new science, and after a while, as the calm steady increase of facts goes on, the people don't believe in it either.

So much for our influence on the people; but the impress which we leave on the *learned* world, is equally important. We impress upon it the necessity of the inductive system of reasoning—the peculiar logic of facts. We are necessary to a just balance of its ideas, and as a wholesome check to prevent it from running wild in metaphysics, or growing sharp and narrow in mathematics, or wandering off in some other excessive one idea development. At the same time, we on our part have to acknowledge our indebtedness to all these other branches of learning in communicating to us habits of thought, calculated to correct the errors which arise from an exclusive study of the natural sciences.

Another influence exerted by our profession upon the system of civilization, is the stimulus it gives to the physical sciences, and through them to the industry and the arts of the world. We claim a small share with others in the glory of the railroads and telegraphs, the iron bridges, the iron ships, the iron every thing, which contributes to break down the barriers of nations and move on the living world.

And, Gentlemen, this progress which we are stimulating, has a tremendous significance at the present time. It is no boyish end to which our influence goes; it means more than that Prof. Retort shall get renown for discovering a new metal, or that the stockholders of the Bottle River Railroad shall pocket great dividends, or that steamers shall cross the Atlantic in ten days at a profit of ten thousand dollars. This progress means that the system of civilization has at length got its mighty limbs jointed together, that the giant, though yet clumsy and awkward has got upon his feet and begins to stamp around on the earth—and woe to all that resist his march.

We have fallen on different times from those of our fathers. Civilization has got a new idea in its head; it is the idea that the swarming millions that are pouring out of civilized regions, must of necessity have some place to settle. There is a prodigious crop of civilized men growing on the earth. The Teutonic race in Europe and America counts its yearly increase by millions. These millions, by commerce and emigration, seek a living in every part of the earth from Japan to New Zealand. Year by year the flood is swelling, and close after it comes the war steamer with its guns; then down sits the European or American where his interest dictates, to build and manufacture and trade, and blow in pieces with his cannon such graceless natives as resist his schemes. There is a good deal of iniquity on the front line of progress, and for some of it this nation might justly be punished; but every thing cannot be conceded to barbarism. Civilization is reaching after certain tremendous results. The redundant population of the European nations must settle on the earth; they will have their own institutions, they will have commerce; they have a right to these things in spite of the Emperor of Japan. Commerce is the living force of the age, and whoever resists it will hear some of the thunder that now jars at the gates of China. Before you and I are all dead, civilized institutions will be planted in every habitable region of the globe. Thus the system is taking on an expansion; it is making ready to be the dominant system over the whole earth.

Gentlemen of the medical profession, this is the power whose progress and character *we* influence; this is the system that *we* mould, that *we* modify, whose errors it is part of *our* duty to help chastise and correct.

You see that we do something in the world besides prescribe for our patients. That, of course, is our most direct duty; yet I have thought that, if our profession were struck out of the system of civilization, there would follow ruin wider and more disastrous than the mere loss of the lives which we have been accustomed to save. Why—men can die, if necessary; we only save their lives a few years at best, and then they must die, *all of them;* over each one of us in our turn the earth will strew her dust: but wisdom does not die with any man, the wheels of society do not stop when any man personally leaves it; but strike any important element from the system of civilization, and the whole enginery is unbalanced. For want of its stimulus, one part will lie down in a death like torpor, and for want of its check another runs wild in error; disorder has found entrance, and the usual finale of blood may seal up the record.

I trust I have shown that our profession exerts most important influences on the world in various ways. Some of these influences flow out inevitably from the action of truth, whether we will or not, so that we cannot glory much; but in addition to this unavoidable impress of our ideas on the world, we wield in detail a tremendous personal influence, and for the exercise of this, a personal praise or blame is due us, hot from household hearths. Now, let us consider what *is* a physician in the best sense of the term. In the first place, such a physician is a *man*—one whose manhood is of that depth and height that it cannot be undermined nor overtopped by any supposed self interest arising from his professional relations. Well, such a physician is a *man* who to his manhood adds skill and diligence in the healing art. Civilization thanks God for the existence of such physicians.

But there is a class of practitioners whom civilization abhors. I allude to those miserably mean unprofitable servants who are swallowed whole in their own villainy and charge the swallowing on the profession. They go about with a set of maxims to the purport that they are Doctors, and therefore they are not bound by the same laws of honor and morality as other men. They are Doctors, therefore they may lie a little forsooth for professional reasons, and they may do this and that and the other mean thing all for professional reasons, or because they are Doctors, and they have a vague idea that they are under a different moral law from other persons. They seem to

think that in becoming Doctors they gave up their manhood, albeit I have not mentioned the darker crimes to which some of them descend. It is not necessary to go on specifying: the principle is *one*. I say, and I know you will say with me that the man who sets his profession above his manhood *is an egregious fool—a most miserable elf*. He has sold his honor for a piece of parchment, and without a spark of high and noble sentiment to dignify his calling, devotes himself to the drudgery of taking care of diseased bodies. One of the worst influences of these men is the impression which they circulate to justify themselves that their course is necessary to success. You will meet these men, some of them old gray sinners, through whose depraved craniums threescore years have failed to endosmose any wisdom; yet they think they have laid up some knowledge of the world—they have got together a set of rotten maxims, which they do believe are necessary to a young man's success.

It is nonsense. For my part I have not half the awe of the world that I used to have. I tell you, a man can have his own way in it just as well as not, if he only will. Be bold, quit yourselves like men, despise and trample on everything which is not up to the standard of true honor and virtue, and you can have your own way in that, just as well as in anything else. As for the sham wisdom that undermines virtue, let it be despised. Mark my words: *The true wisdom of youth lies in its fiery heart and the activity of its arm;* act ye accordingly, and be not ambitious of gray hairs before your time. Let them prate about the "secret of success"—*the secret of success;* there *is* no such secret—up and bestir yourselves, and have your eyes about you; that has been the open route to success ever since the world began. There *isn't* any other, and there never will be.

It is very natural for those who are just commencing in the world to be anxious about the future, and I know how common the inquiry is among the young aspirants to all professions, whether a man can succeed in the world if he is strictly truthful and honest on all occasions. Well, beginners are altogether too timid about this clumsy old world. The state of the case is this: if a man is up and stirring and keeps his eyes open, he will succeed in business at any rate, without much regard to whether he is honorable or dishonorable. Success belongs to *live men*. The difference is, that the honorable man, besides his business success has a high position in the esteem of community, while the dishonorable one is loaded with a certain amount of scorn.

In our profession, the honorable man has also the advantage of having trained his patrons to give him his own way on a straight course, while the rogue, having always been tricky with them, is obliged continually to bend his back around short corners to keep his hold on them. So much for our personal conduct.

In addition to this: our obligation to civilization requires, that we give our voice and influence on the right side of every moral question that comes up in the communities where we are. The moral element is one without which the system of civilization could not stand ten years. Consequently, we as men owe to our fellow men a hearty approval and support to all measures calculated to suppress vice and promote virtue, or in any way to elevate the race. The common obligations of men are upon us in these respects. Again, the Physician ought to give his countenance on all occasions to judicious educational enterprizes, whether they pertain to the common school, the academy or the college. There is no more important work in the hands of civilization than the perfecting of the primary school. The day is at hand, and the signs of the times show it, when deep and stirring changes are to be wrought by the power of educated masses. It is true, we cannot leave our business to take a laborious part in such movements, but we belong to a learned profession, and it is rightfully expected that we show ourselves, that we have an opinion, a position and a reason.

Again. The physician should be a man well posted in general intelligence outside of his profession. The people cannot very well judge of a man's purely professional skill, but they can tell if he is a man of general information, if he seems to be posted up in such things as well educated men usually understand, and such as pretenders usually do *not* understand.

Another thing which we owe to civilization is to endeavor to have introduced into popular education the principles of certain branches of medical knowledge. I have been laughed at by grave men for this opinion, and told that all the people know about these matters is a damage to them, but the more I reflect upon it, the more I am convinced that it would be of immence advantage to the public, if every man in it was taught these three things, viz the structure of the principal parts of the body, the natural functions of the organs, and the nature of their diseased actions, or in technical language, the elementary principles of Anatomy, Physiology and Pathology. The people are perfectly competent to understand the main principles of these sciences, if stripped of technicalities and stated in plain, clear

English. Nothing would be easier than to construct a text book for academies, which should give in one volume a description of the principal organs of the body, an account of their healthy functions and an explanation of their diseased actions. The populace will appreciate such knowledge, and there is no trouble whatever in understanding it. It would be an immense advantage to the community in protecting itself against imposition. Gentlemen, if you think the matter over a moment, you will perceive that although most quack systems are errors in *materia medica*, they go down the people's throats, because they know nothing and think nothing about the nature of disease. Consider that point more fully at your leisure, and see if I have not hit the mark. Why, you take a common thoughtful man, and explain to him the nature of a disease, and you will find that the principle on which it is to be treated will generally spring spontaneously to his mind, as quickly as it would to yours or mine. After that, his faith will always be rather loose in any quack notions that do not take into consideration the condition of the body. If community had this knowledge, it would at least be able to judge whether those who claimed its confidence understood the nature of disease or not. This would drive quacks up one peg higher and somewhat narrow the broad field on which they cut their antics.

Finally, we owe it to civilization so far as we can, to weaken the power and stop the progress of all kinds of scientific humbugs. When Prof. Bubblebrains lectures on Bubbleology, it may not be best to honor him, by taking any public notice of him by way of opposition. Of that, however, you must judge for yourselves in each particular case, but you ought not to be indifferent. The physician is supposed to be *the* scientific man of the place, and his cool contempt counts as of some weight. In every instance, examine the matter, and then let it be understood that the Doctor has made investigation in the case, and found the science to be a blunder or an imposition as the case may be. With your scientific knowledge, such investigations will not cost you much time.

And now, Gentlemen, I have made about as long a speech as a man just up from typhoid fever can be expected to. Go you forth to your work and bear in mind that you are sustaining an important part in that mighty system of human improvement, which God planned in eternity, and which the grand revolutions of time are slowly working out. Human progress proceeds according to a certain definite plan, if we fall in with it according to the laws of God and nature, we shall be honored by men, our deeds will result in

good, and we be rewarded by the Most High; but if steeped in selfish shortsightedness, we forget our relations to the great system of civilization, and oppose its moral and intellectual advance, we shall win for ourselves dishonor and shame, and the fabric which our folly has built will be crushed. The results are sure. The laws of mind and matter were combined with a view to this day in which we live, and to the days that are coming after us. God laughed at his enemies for all time when on creation's morn he set in motion the laws that were to compass their final overthrow. Therefore the progress of man is sure: the blood of thousands has been shed in vain to resist it. Nations that opposed, have been crushed like the moth before it. There is none that can stay its march. Well, something of this same stern style should pertain to us whenever the question of moral right is concerned. In the social or domestic circle, let the gentler graces flourish and bloom, but in everything that pertains to the world's moral and intellectual advance, be lofty and unswerving as its eternal laws of progress.

We have a set of excellent amiable men among us, so full of the sugar and buttermilk of human kindness who love all creation, and the rest of mankind so tenderly, that they can't get on any particular side of any question, lest somebody should be on the other side, and then they might have to fight. Such men may be of use in some future age, but I tell you in this savage 19th century *we want the iron.* The world is moving; its old rusty armories are not shaken up for nothing. Society and civilization have desperate battles yet to fight, and we must have the surgeons in the field. The moral softness of some philanthropists may do to grease some of the machinery but for the most part, the times demand of every profession, ours included, men of high and stern purpose, men who will hear of no compromise between right and wrong—no amalgamation of honorable and dishonorable conduct.

Gentlemen, you see what is demanded of us. A glorious success awaits us. When the system of civilization shall have reached its finest perfection, when in the zenith of its glory it shall bless mankind with the highest happiness attainable on earth, it will be truthfully said that one of the most important of the elements which have contributed to this result, has been the influence of the medical profession.

ARTICLE II.

Transactions of the Fifth Annual Meeting of the Michigan State Medical Society, Held at Ann Arbor, March 25th, 1857.

[Continued.]

Report of Dr. Christian, on Some of the Therapeutical Applications of Electro-Magnetism.

The undersigned, having been appointed by this Society to report on the subject of "New Remedies," submits the following observations on some of the Therapeutical Applications of Electro-Magnetism, in lieu of a paper more directly pertinent to that subject upon which he was appointed to report.

I have concluded to submit the following not as observations upon a new remedy, nor claiming it as a new application of an agent, but in so far as they go, being correct and faithful notes of the facts, and apparently legitimate inferences and conclusions from these facts; and for the reason that various circumstances have interfered with such complete and varied experiments with new preparations as would be necessary to arrive at reliable and useful conclusions.

The application of this agent, though not exclusively, was mostly made to cases of the various types of agues, and to those generally of a chronic form, which had proved obstinate to other means which are in fact the class most commonly presenting themselves at St. Mary's Hospital.

This class of diseases, on the one hand, considered as among the most tractable of disorders, requiring the use of therapeutic agents for their cure; on the other, under certain circumstances, become the opprobrium of medicine. Probably there are few cases which in their incipiency would not be amenable to proper therapeutic and hygienic conditions; but their treatment commonly requires more than the employment of the so-called specific Quinine with alteratives. Else why the great number of intractable chronic cases? Simply because these important requisites are neglected—removal from the exciting cause—proper dietetic regulations—protection from atmospheric changes, and, above all, rest, both whilst suffering under the attack and sufficiently long after, for the body to have recruited from its depressing influences. Returning to work immediately after the cessation of the paroxysms, before the strength has been recruited and the functions properly restored to healthful activity, is the most frequent cause of relapse. Hence, in the poor necessitated to toil, the frequent recurrence of the paroxysms, merging into a chronic

form of dumb ague, with increasing functional derangements from impaired nervous excitation, and finally the resulting organic changes with all their deplorable sequelæ. Enlargement and degeneration of the liver with consequent dropsical effusions, enlargement of the spleen with its resultant cachexia, tuberculosis and other morbid deposites, amenorrhœa with uterine and ovarian disease are some of the ultimate consequences of intractable chronic agues. And this disease, ordinarily so tractable in its early stages that Quinine is a specific for it, and that it may be cured by any remedy or any influence sufficiently powerful to produce a change in the chain of vital actions, by what has been called an alterative action and more recently, by a revolutionary action, and that even change of locality may cure, becomes when these changes have occured as resisting and uncertain to Quinine as tuberculosis to cod-liver oil; and in such cases we can only hope to effect a cure by aiming to restore the functions of these organs, which are a seat of irritation constantly inciting the paroxysms. Still there are other obstinate cases in which the return of the paroxysm appears to be incited, not by organic changes already progressing, but by what has been termed "a habit," by which we understand a disorder of the nerves of organic life. Obviously this class of cases would offer the most favorable and promising subjects for the use of electro-magnetism.

The cases, however, were not selected, except those being excluded, where manifest contra-indications existed, to its use, or very strong presumptive contra-indications presented.

CASE I.

Jas. Wilson, colored, age 22 years. Has had irregular intermittent for several months. Has taken a good deal of Quinine. For the past three weeks has daily cold chilly sensations, followed by moderate fever. Digestive organs in pretty good condition.

April 2d, Applied the current by one pole to the epigastrium, the other in the right hand, during the cold stage. The skin which was cold and corrugated, became in a very little while warm and perspiring; pulse before small, became fuller and slightly accelerated. The current was continued for about three minutes.

3d. Had a much more comfortable day, no return of the chill and less fever than usual during the day. Applied again with same effects as yesterday.

4th. Much better. Applied again.

6th. No paroxysm to-day at all; feels quite well; tongue cleaned and appetite good.

May 1st. Has had the current applied occasionally during the month, but no return of paroxysms since the 5th. Discharged well.

CASE II.

Jno. Hornsby, age 21. Has been under treatment five weeks for an anomalous form of chronic rheumatism, irregular vagrant pains of considerable intensity, interfering with the movements of most of the joints of the extremities, but without swelling or symptomatic fever.

April 2d. The current was passed for several minutes through the affected limbs, with almost instantaneous relief, pains returned afterwards during the day, but with far less severity.

3d. Applied again, the use of the limbs returning.

18th. Applied occasionally up to this date, experiencing occasionally slight pains in the previously affected joints.

May 1st. Discharged well, no return since last date.

CASE III.

Jas. Williams, colored, age 25. Chronic tertian ague, chills returning regularly at 10 A. M. every other day, succeeded by high fever; tongue thickly coated; no appetite; bowels regular. Has taken much Quinine with temporary benefit, alteratives were given as indicated.

April 6th. Electricity applied for some five minutes. This is his well day; the paroxysms due to-morrow. No sensible immediate effects from it.

15th. No return of paroxysm since first application; applied again.

20th. No return of paroxysms, well in every respect. Discharged, having had but two applications of the current at an interval of nine days.

CASE IV.

Jno. Wagner, German, age 30. Has had a quotidian ague for several months. Presents an unhealthy sallow complexion, great derangement of the digestive organs; tongue badly coated; loss of appetite; bowels constipated; tenderness under left hypochondrium and some tumidity.

April 1st. Current applied during the chill, which was dissolved and warmth re-induced, succeeded by moderate perspiration.

6th. Patient has had since first application, daily returns of fever at the usual period of the day, and of usual intensity, but without the chills.

8th. Applied guardedly and watchfully during the fever. Perspiration was soon induced and the fever soon subsided.

15th. No return of fever since the 8th until to-day, and patient gone out. After his return had chill again, succeeded by fever.

22d. Has occasional chilly sensations, notwithstanding its repeated use. No further benefit was derived from its use in this case.

CASE V.

Bridget Clark. Has had an ague nine months. Commencing as a tertian, made a septidian by large but insufficient doses of Quinine, and latterly having assumed a quotidian form of dumb ague. No rigors, but cold sensations and wandering pains in her limbs, with occasional feverish excitement. There is enlargement of the spleen with tumid abdomen, and amenorhœa for the last eleven months. Complexion chlorotic; digestive organs very much deranged.

April 5th. The current applied during cold stage, immediately induced a warm and perspiring surface and relief to her pains.

7th—10th. Applied daily with much relief to the pains, and breaking up the chilly sensations.

22d. It was henceforward applied with a view to its emenagogue effects, the current being passed through the hips, lumbar region, perinæum, &c.

24th. Menstrual flow has made its appearance.

May 2d. Feeling very weak and exhausted, the current was again applied. Pulse rose in a few seconds from 84 to 96.

24th. Ague returned again. Has had occasional applications in the interval. Applied strong continued currents. Patient was made very nervous and irritable, and fever supervened. Its use was now discontinued, and patient improved under general treatment.

CASE VI.

Mrs. Doroughty. Has had an irregular ague for several months; regular daily paroxysms for the last three weeks. Enlarged spleen and general constitutional derangements.

April 2d. Applied the current during the chill, which was at once interrupted; warmth and gentle perspiration induced.

3d. One hour later than yesterday and later than its usual occurrence, chill just coming on. Had a much better day than usual yesterday, less fever. Applied again to-day with the same effects. Severe headache was relieved by applying one pole over the frontal sinus, the other to one of the hands.

4th. No appearance of paroxysm at the same hour it came on yesterday; no return of headache. Applied as before.

8th. No return since the 3d, about the wards and receiving daily applications.

20th. Another rigor to-day and very severe. Applied again with usual rssults.

30th. No return of chills since the 20th. Health improved very much and gone from hospital.

CASE VII.

Jno. Histler, German, age 28. Has labored under ague and fever for eight months. Spleen enlarged. Has now assumed a tertian form.

April 2d. The current was applied which at once interrupted the paroxysms. Daily applications made till May 15th, at which time he was discharged cured. The tumidity under the left hypochondrium, having almost entirely disappeared.

CASE VIII.

Fred. Sherber, German, age 45. Has had an irregular form of dumb ague for several months; occasional rigors with fever, but principally flying vagrant muscular pains in the extremities.

April 4th. Applied daily up to 25th with gradual improvement. No chill since its first application, and pains very seldom recurring.

May 27. Had occasional applications to this date when he was discharged well.

CASE IX.

Jno. Brown. A case of recent ague supervening upon exposure after recovery from typhoid fever was entirely cured after a few applications; having no return of the paroxysm after the first application.

CASE X.

Julia M. An inveterate case of ague with amenorrhœa for several months, and consequent great derangement of her general health; entirely recovered by the daily use of this agent for one month or thereabouts.

These cases are sufficient to illustrate the inferences drawn from the uniformity of phenomena presenting in these as well as in numerous others. The conclusions which we have inferred from the observation of the phenomena presenting in these cases, are as follows:

1st. No positive advantage could be detected from the choice of one mode or direction of conveying the current, rather than an other. In its application to break up a paroxysm, one pole was usually placed against the epigastrium, the other being held in one hand; in dumb agues in the extremities, or neuralgic or rheumatic pains of the

same, the current was passed through, following the course of the nerves. Usually it was applied to a number at once by uniting hands, and equal benefit was observed. The principal objection to this was

2d. The great difference in regard to the strength of the current tolerated by different individuals: what one would bear easily, would be insupportable by another, and hence great care was requisite in graduating its force for different individuals, and for the same individual at different times. Usually its force was gradually increased, commencing with a weak current and carrying it as far as could be tolerated without actual suffering, and continued not arbitrarily, but until soreness was complained of from its use.

3d. Local inflammation existing, there was invariably intolerance, and was speedily ascertained to be an unequivocal contra-indication for its use, if acute. Inflammatory symptoms were invariably aggravated, if of an acute kind; and advantage was derived from its employment as a means of diagnosis in suspected latent or incipient inflammation in internal organs. One case of bronchitis was invariably aggravated. In convalescent pneumonia, there was absolute intolerance, and likewise in erysipelas.

4th. The benefit derived from this agent was the greater and earlier obtained in proportion to the earliness of its use in the attack, and less as there was the greater amount of organic change accomplished.

5th. The greatest benefit was derived from its use during the chill, when almost uniformly, it at once checked the rigors, induced warmth and perspiration, relieved the pains in the loins and limbs, ameliorated the headache, and disposed for a refreshing sleep—sometimes deferring the fever altogether, at other times inducing a lighter and shorter run. The pulse was usually increased in fullness and frequency from 8 to 12 beats.

6th. Those most enfeebled by disease exhibited the greatest variations in the pulse under its use; those in perfect health being but little affected.

7th. In two cases of chronic amenorrhœa consequent upon ague, the menstrual function was restored at the next succeeding regular period after commencing its use. In a third where manifest organic change had supervened, it failed.

8th. It manifested a decided efficacy in resolving indolent tumors, enlargement of glands, &c., besides the advantages derived from it in reducing enlargements of the spleen.

9th. Its too long or too frequent application induced soreness of the muscles through which the current was passed, and sometimes a severe form of spinal irritation, requiring rest and counter-irritation for its relief.

10th. From the above it appears that this agent may be advantageously used in a large variety of cases, as a sufficient remedy of itself; and in others as an excellent adjuvant to other means, but that it is a two edged sword, and is liable to produce unhappy effects when injudiciously employed, either in improper cases or carried too far in cases amenable to its influence under proper conditions.

E. P. CHRISTIAN, M. D.

Notes of these cases were taken daily by S. J. Redfield.

(Transactions to be concluded in next Number.)

ARTICLE III.

Carcinoma of the Stomach, Case.

BY D. C. HOLLEY, M. D.

Mrs. Miller, aged 51 years, some six years since commenced complaining of distress and more or less pain in the epigastrium; not continued at first, but frequently intermitting for days and weeks together; to return again, perhaps suddenly and unexpectedly, accompanied for a few moments by extremely sharp lancinating pain, perhaps while engaged in eating a meal she would suddenly arise from the table, saying she could eat no more, something hurt her so.

These symptoms continued with variable intermission and without apparently any increase or aggravation of her disease, farther than a gradually increasing costive condition of the bowels up to within a year or year and a half of the present time, when she complained of a small tumor in the epigastrium, expressing it herself as a swelling or bunch in her stomach. At times being much more prominent and perceptible than at others; from this time on, there was a gradual increase in severity of all the symptoms.

Mrs. M— was a woman of strong constitutional powers, the mother of a large family, and not in the habit of employing medical aid for herself. She bore up under her complaint, not calling much attention to it, constantly engaged in laborious effort for the support of her family. She did not consult any physician as to the nature or char-

acter of her disease, or make use of any medical application, further than the occasional use of Assafœtida and a few domestic remedies, until about three months since.

About the first of January last, I was requested to see Mrs. M—. Found her comparatively free from pain, but she had been very much distressed through the night previous by pain, extending across her, through the region of the stomach and liver. At this time, she had no fever; bowels very costive, and no particular symptoms, aside from those mentioned, were at the time observable. —

I made no tactile examination of the abdominal regions, and simply recommended the use of gentle laxatives, as the Syr. Rhei Aromat. and Anodynes to relieve pain, and took my leave and ceased further attendance.

After the laps of two or three weeks, she had another attack of severe pain and suffering. She now passed under the care of Dr. Davis, an intelligent practitioner of an adjoining town. His attention was called to the tumor mentioned above. He readily ascertained it to be situated in the stomach, and gave an unfavorable prognosis accordingly. At this time, to obstinate constipation was added almost constant retching and vomiting of whatever might be taken into the stomach, either fluid or solid. Of the treatment at this time, I cannot speak particularly, but understood it to be purgatives, conjoined with Anodynes.

Subsequently I was again requested to visit Mrs. M—. She was at this time considerably emaciated, vomiting every thing she received into her stomach for the last two weeks, until a few hours previous to my visit, when there was an abatement in this symptom. At this time, I could easily feel through the integument the tumor in the epigastrium, and readily ascertained it to be an enlarged hardened condition of the pylorus. The tumor extending up towards the cardiac orifice along the lesser curvature.

In short, my diagnosis was Carcinoma of the stomach, and I predicted an inevitable fatal termination to the case.

Treatment simply palliative: Opium and its preparations to allay pain, and the administration of both food and medicine by enema when the stomach was irritable. Neither Dr. Davis nor myself again saw the patient. Professionally after this, she passed into the hands of irregular doctors; some calling the disease abscess of the stomach, one pronounced it a tumor growing on the arteries, and even a physician, who was called in a day or two before the termination of the case, thought perhaps the liver might be the organ pri-

marily diseased. Her skin presented a dingy sallow appearance, at times becoming very dark and purplish; she now had frequent sinking periods, bowels exceedingly torpid, going from 15 to 30 days without any dejection; abdomen flat, hard and doughy to the feel; eyes watery, and retention of urine, and expired March 1st. A few hours previous to her death, she swallowed a dose of Hyd. Sub. Mur., which was followed by a number of dejections.

Autopsy 18 hours after death. Body extremely emaciated, abdomen flat and hard; laying open the abdominal cavity and raising the omentum, the tumor preceptible to the touch during life revealed itself in the shape of an enlarged scirrhous pylorus. The whole pyloric end of the stomach, for two inches in length, was completely cancerous; the walls in the cancerous portion varying in thickness from four to seven lines; the thickest portion being near the extreme pyloric end. The pyloric orifice was narrowed to the diameter of three lines; the villous coat through the constricted portion lying in longitudinal rugæ.

The whole of the lesser curvature up to the cardiac orifice was completely involved in the cancerous disease. A point within about one inch of the cardiac orifice presented a beautiful specimen of radiated scirrhus, supplied by enlarged, tortuous venous trunks, shooting off in various directions. The thickest portion of this radiated structure was a full inch in thickness. The cardiac orifice was not involved in the disease.

Aside from the pylorus, the whole posterior portion of the scirrhous mass was firmly agglutinated to the pancreas, and parts beneath, connected by strong membranous bands, the product of adhesive inflammation, keeping the enlarged pylorus, firmly secured directly over, and close upon the abdominal aorta, and consequently lifted by every pulsation of the artery. Thus during life conveying to the touch the sensation of a pulsating tumor.

The omentum lying on the stomach was unusually thickened, its vessels enlarged and tortuous, feeling under the finger like hard cords. The peritoneum otherwise presented no abnormal appearance.

The liver was perfectly healthy; the gall bladder, however, was quite distended with bile, owing to the cystic duct being blocked up with several biliary calculi of the size of small hazlenuts.

The heart was very firmly contracted, and appeared rather smaller than usual. No morbid appearances were observed about any of the thoracic organs.

The uterus or its appendages were not examined.

Remarks.—The remark of Watson, page 765: "It is a curious feature in these malignant diseases of the stomach, that the symptoms sometimes remit in a remarkable manner, so as to excite a hope in the mind of the patient and in that of the medical attendant, that the nature of the malady had been mistaken and that recovery is about to take place," was strikingly illustrated in this case. My diagnosis of cancer of the stomach was not accepted by the patient or her friends, and was discarded by the majority of the gentlemen, who at sundry times were in attendance upon the patient. Frequently the symptoms would give way to such an extent, that the patient would pass several days in tolerable comfort, and at these times, if some quack was in attendance, she would confidently be encouraged to hope for a speedy and complete recovery; "but the truce was not for long."

An interesting fact in this case is, that the symptoms of malignant disease date back to a period just subsequent to the cessation of the menses. Perhaps the disease in this case is a mere coincidence, but the idea is advanced by the older writers, and it appears to me not wholly without reason, that the cessation of the menstrual flux renders the female constitution, for a season at least, more obnoxious to malignant diseases.

Vernon, March 16th, 1857.

ARTICLE IV.

Death from Pneumonia of the Right Lung with Vesicular Emphysema of the Left Lung.

REPORTED BY E. P. CHRISTIAN, M. D.

Francis Morse, a negro of intemperate habits, age about twenty-six, occupation deck-hand on a steamer, entered St. Mary's Hospital March 12th, from the County Jail, in which he had been sick several days. The symptoms were those of acute pneumonia of the whole right lung, which pursued a rapid and violent course. Examination revealed flatness over the superficies of the whole right lung and absence of respiratory sounds. Left side presented increased resonance on percussion, indistinct vesicular murmur and dry crepitation during inspiration.

March 19th.—Post-mortem examination revealed the following conditions: Right lung entirely consolidated in the stage of *grey hepatization*, sinking immediately in water; at its apex, an apparently indurated cicatrix of an old ulcer, deposito of a black matter in small points over the surface. Left lung studded to a much greater extent with those melanoid points, and beautifully studded with little vesicles like bubbles, from the size of a pin's head up to a small-size marble, very few of this latter dimension, but numbers as large as a pea. Many were found to coalesce on inflating the lung, by which they were all expanded.

The case is considered interesting merely from this condition revealed at the autopsy, explaining the dry crepitation heard on auscultation, which at that time appeared irreconcilable with the otherwise apparent healthy condition of that lung, and as corroborating the testimony of those authors who follow Laennec in stating that dry crepitation may be heard in the emphysematous parts, whereas others, deny being able to detect it in this condition.

The cause of this condition was at first hypothetically attributed to the deposito of carbon-like matter gradually filling up the cells, and consequent labored respiration tending to dilate them; and as his occupation was such as to expose him to the inhalation of carbon in the form of coal dust, which is stated as a cause of melanoid deposits, this inference was rendered more plausible.

The following analysis, however, of this black matter by Mr. Sam. Dufffield exhibits the fallacy of that hypothesis, showing this matter to be merely disorganized blood:

"I first took a small portion of the deposit, and freeing it entirely from all other matter, placed it beneath the microscope and beheld what seemed to me blood corpuscles. When, to be certain that such was really the case, I dissected, free from all other matter, several of the discolorations and incinerated them on the lid of a platinum crucible, a residue remained, proving the fallacy of the hypothesis that it was carbonaceous. The residue was then digested with Nitric Acid and tested with Ferrocyanide of Potassium, and the characteristic precipitate of Prussian blue developed, showing conclusively that the matter was disorganized blood."

JALAP.—Dr. Hauner is of opinion that this drug, combined with calomel, is the best and most efficient purgative for children.

SELECTIONS.

UTERINE DEVIATIONS.

BY E. J. TILL, M. D., SEN. PHYSICIAN TO THE FARRINGDON GENERAL DISPENSARY AND LYING-IN CHARITY.

Causes of Uterine Displacements.—The enormous distension of the vagina by parturition is the principal cause of prolapsus; for not only is the vaginal column weakened, but the muscular perineal floor in which it is set is often much weakened by over-distention, if not by laceration. Having thus lost its tone, the perinæum no longer sufficiently antagonizes the diaphragm, and the womb is steadily pushed down the vagina. The additional impulse determined by any kind of over-exertion, by violent fits of laughter or of coughing, will expedite the result; and the more shallow the pelvis, the shorter will be the vagina, and therefore the more easily will the womb be forced through it. Abortion leads to prolapsus in the same way, and prolapsus occurs in the unmarried because menstruation is a powerful cause of all uterine displacements. This would have been better appreciated, had those who have written on the subject borne in mind that menstruation is the prototype of parturition, and in every respect a miniature parturition. The womb, the vagina, each portion of the generative intestine, is abundantly congested with blood for about a week in every month; a substance is expelled—expelled by forcing pains, which faithfully represent the more energetic pains of labor. Thus the process of menstruation relaxing the vagina, and rendering the womb more weighty, favors its tendencies to prolapsus, which will be sooner effected in proportion to the frequency and intensity of the forcing pains.

A liability to uterine displacements is also the result of most diseases of the reproductive organs. The morbid stimulus favors the congestion of the whole generative intestine, relaxing the vagina, and adding to the weight of the organ which it was intended to support.

With regard to very marked cases of anteflexion and retroflexion of the womb, I believe, with Jobert de Lamballe, and Cazeau, that many of them are congenital. Malgaigne, in a case inspected after death, found that the body and neck of the womb were folded on each other like the leaves of a book; but when put in the right position, it was maintained. Sometimes the retroversion of the womb, also, causes its body to bend on its neck; continued pressure causes actual loss of substance in the parts involved in the flexure; they may become atrophied, and the flexed point is reduced to a mere fold or hinge. In other cases, on the contrary, the flexed parts have been found softened and hypertrophied. Inflammatory action causes interstitial deposit, the flexure is more curved, and the infirmity becomes permanent. These anatomical conditions have been found chiefly in women who had borne children. These changes depend sometimes upon irregular involution of the womb after parturition, causing the permanent retraction and atrophy of some of the mus-

cular fibres, and the permanent enlargement of some portions of the womb; hence a loss of the balance usually existing between the body and the neck of the womb, and the bending of one on the other, from causes which otherwise would not have produced this effect. Softening and hardening of the uterine tissues at the point of flexion may be caused by partial post-partum inflammation of the muscular tissues of the womb. Guerin has shown how certain deformities were caused by the inflammation and subsequent retraction of some muscular fibrès; and it may be admitted that sometimes limited patches of inflammation in the muscular structure of the womb determine permanent deformity of the womb, by the retraction of some of its muscular fibres. The womb is thus less able to meet the pressure of the adjoining viscera, and thus the uterine deformity is increased. The frequent, obscure, and often undetected inflammation in the uterine tissues subsequent to abortion, sufficiently accounts for the frequent occurrence of flexions. The uterine deviations occurring in the unmarried can only be accounted for by the ever-recurring process of menstruation and by the frequency of uterine inflammation. The coincidence of deviations with inflammation of the lining membrane of the body of the womb has been noticed by many, and I may add my testimony to that of Paul Dubois, Cruveilhier and Robert.

The higher the position of the womb, and the more moveable it is, the more liable will be the body to bend on the neck of the womb, so that uterine flexions are most likely to occur in women in whom the pelvis is deep and capacious. When the womb is deviated *in toto*, it may be the result of a congenital disposition of the pelvic organ. Morgagni found the uterus forcibly deviated to one side of the pelvis, by the diminished length of the corresponding broad ligament; there was no tumor, no trace of previous inflammation to explain what must therefore be considered a malformation, another instance of which has been lately recorded by Dr. West. The lateral flexion of the womb was produced by the absence of the round ligament in two bodies examined after death by Huguier. Such cases are, however, rare. Retroversion, as well as prolapsus, is frequently met with. It is the normal position of the womb to be somewhat retroverted during the first months of pregnancy. The most serious cases of retroversion were, I believe, first explained by W. Hunter. About the third or fourth month of pregnancy, when the womb becomes completely retroverted, it is then just large enough to be jammed in between the sacrum and the pubis. Insurmountable constipation, and the impossibility of passing urine, render it urgent to replace the womb in its right position, and its further increase of size is sufficient to prevent the recurrence of retroversion. Such cases are very rare, but we may safely say that the womb, after parturition, has a tendency to be retroverted. This is favored by the relaxation of the various connections which kept the virgin womb in place; whereas stronger bonds would be necessary to support the additional weight of the womb after gestation.

Retroversion is, however, frequently observed in the unmarried after uterine disease of long duration; after violent efforts; after a

fall on the sacrum; after prolonged fits of laughter; after, in fact, any violent or sudden pressure to the abdominal organs. These exciting causes of retroversion are exactly the same as those which cause prolapsus, so the mechanism of retroversion should be sought for in its predisposing causes.

I stated that in those subject to prolapsus there was often a short vagina; a short straight sacrum; a shallow pelvis; whereas retroversion is generally observed where the pelvis is deep, the sacrum long and greatly curved, and the vagina long and more than usually curved, so that the womb is borne up higher than usual. The anterior wall of the vagina, and part of its lateral walls are firmly attached to the pubic arch, and it is obvious that for the vagina to be long and curved there must be considerable development of its posterior wall. Now, if retroversion occurs, it depends not only on the womb being over-weighted, but because something has debilitated the posterior wall of the vagina. What is it that weakens the long vaginal column? In pregnancy, this is evidently the result of increased size of the vagina, having for its object the possibility of the child's safe passage through a narrow channel. In abortion and menstruation, the same explanation holds good to a limited extent. What is thus done by a physiological process, is likewise effected by a morbid process; and in chronic affections of the womb and vagina, it is found over-relaxed and greatly dilated, while no corresponding alteration takes place in the length of the anterior wall of the vagina. We have, then, a womb placed higher up than usual and less forcibly retained in place by local connections, therefore more mobile than usual, poised on the vaginal column the posterior portion of which is less solid than usual; retroversion is impending, and it will occur in proportion to the intensity of the exciting causes already mentioned.

If the womb is kept in position by the pressure of the bunch of intestinal folds on its posterior surface, then retroversion ought to be produced sometimes by prolonged dorsal decubitus, in which the inflated intestines will tend to rise above the womb, and to depress it gradually lower and lower. In two patients, for whom prolonged dorsal decubitus was necessary for the cure of fractures, Huguier found the womb lying flat on the pelvis, under the intestines; and Robert also cites two cases of complete retroversion of the womb in two women who were obliged to lie long on their backs, one for paraplegia, the other for typhus fever. It will be easily understood, that if the mesentery, from which depend the intestinal folds, or the folds themselves, are shorter than usual, the displacement of the womb will be facilitated. The *modus operandi* of a fall, in producing retroversion, deserves our attention.

I was once called in to see a poor woman who had left her bed the day after her confinement, and who fell down upon her back. This was followed by great abdominal pain, and an inability to pass urine. On examination, I found the womb in complete retroversion. After placing her on her hands and feet, I introduced the whole hand into the vagina, and replaced the womb. This fall on the sacrum caused the weighty womb to be suddenly displaced, and the passing of the

womb under the intestines was facilitated by the relaxed state of the abdominal walls.

An unmarried lady called on me a few days ago, and related that a few years previous, after unusual exertion, she felt something give way within her; that ever since, when not in bed, she had suffered more or less from pains in the back, and in the inguinal regions, with constipation, or urinary disturbance, and the inability to walk. On examination, I found the womb retroverted. If the ligaments of the womb really retained it in position, a fall on the sacrum, or a great muscular strain, might impart a concussion, but would not cause any displacement, whereas, if we can better understand that by a fall on the sacrum the more solid womb may be suddenly impelled under the half-inflated intestines, and there remain, one can likewise understand how, on a woman making some sudden strain to take hold of an object high placed, the solid womb may be forced to pass under the intestines. The sensation felt by the patient is as if something had suddenly snapped within the body—as if something had suddenly given way. This is caused by no rupture of a ligament, for such rupture has never been found, but by the sudden displacement of the womb; and on replacing this completely retroverted womb, in the case already alluded to, I felt the womb return so quickly to its right place as if by a kind of suction, that my first impression was that I had perforated the intestine.

If the sudden displacements of the womb involve mechanical considerations as yet obscure, there is another evident cause of uterine deviations, which has been too much lost sight of—that of pelvic inflammation.

I appeal to your own recollection, whether pelvic inflammation and partial pelvic peritonitis are not frequent after miscarriage and parturition? Many such cases are not distinctly recognized by the medical adviser—many never come under his observation. Nature, in most constitutions, effects a cure, but the consequences are often ever after felt by the womb. In visiting, some months ago, the wards of Drs. Trousseau, Aran, Bernutz, and other medical men of Paris devoting attention to diseases of women, I was forcibly struck with the number of patients suffering from some pelvic inflammatory swellings. Many anatomo-pathologists have likewise noted the frequency of sequelæ of peritonitis in the pelvis; and lately Bonnet, the celebrated surgeon of the Hotel Dieu, at Lyons, has asserted that, after examining the state of the pelvic organs of all those dying at that vast hospital, he found that in four out of five who had complained of what are commonly called uterine symptoms, there was pus or thickening and false membranes about the broad ligaments, causing deviations of the womb which no pessaries could correct. This cause of uterine displacements has been alluded to by Prichard, by Dr. Oldham, and Dr. West, and very recently by Dr. Aran.

It may not be out of place to observe that the pathology of uterine deviations cannot be completed until the knowledge of pelvic diseases is still further advanced. This is the present direction of medical efforts, at least in France and England. The late researches of

Nelaton and Viguer on sanguineous pelvic tumors; of Valleix on peri-uterine phlegmon; of Bernutz on retained menstruation; of Charles Bernard on ovaritis, in connection with disordered menstruation,—sufficiently prove my assertion; and I hope that I have somewhat contributed to elucidate an obscure subject by my contributions to ovarian pathology during the last eight years.

Matrimonial intercourse is certainly a cause of anteversion of the womb, particularly when the pelvis is shallow and the vagina short. This cause has escaped notice until it was pointed out by Dr. Rouband, and Dr. Bennet and Dr. West have lately insisted upon its influence.

If the increased weight of the womb, by gestation or parturition, contributes to produce retroversion, it will be evident that whatever increases the weight of the womb beyond certain limits will produce the same result. The swelling following inflammatory affections of the womb must therefore be admitted as a cause of retroversion or anteversion. It would be difficult to understand how so simple a proposition can have been lately denied, because Velpeau proved long-ago that inflexions of the womb were frequent, and had been frequently mistaken by Lisfranc for engorgement of the womb. Velpeau lately affirmed that there is no such thing as a partial swelling of the womb by congestion of blood. I still believe that I frequently meet with this condition; and, admitting that I have been deceived in supposing that a uniformly swelled womb was larger than it ought to be, a well-educated finger cannot have betrayed me, when I feel on one side of the posterior wall of the uterus a distinctly marked elevation. Velpeau says, "show me the uterine swelling on the dead body." He might as well have asked for the anatomical leisons of many cutaneous diseases, when death has extinguished the morbid stimulus which drew and retained blood to limited spots of the skin.

If my memory serves me rightly, a French surgeon of distinction once extracted as cancerous, a womb which was only engorged. Engorgement of the womb is a frequent cause of retroversion, and this in its turn increases the engorgement, by causing mechanical impediments to the venous circulation. In the same way, retroversion will induce rectal and vesical tenesmus, and these instinctive propelling forces energetically contribute to the displacement of the womb.

Symptoms, Diagnosis and Progress of Uterine Deviations.—The latest works on uterine deviations include a very long account of symptoms. It seems as if the authors had ransacked works on uterine pathology to discover all the possible symptoms of the various forms of uterine disease. Dispepsia, intercostal neuralgia, partial paralysis, hysteria, have all furnished symptoms which have been adopted as the symptoms of uterine deviations; and mental derangement has been accounted for by a twist in the womb. If writers have done so, it is because there are no proper symptoms of uterine deviations; and in their anxiety to enlarge their subject, they have been led to refer to uterine displacement all the symptoms of the uterine diseases by which they are often complicated.

In asserting that there are no pathognomonic symptoms of uterine deviations, I only assert for uterine deformities what is admitted for spinal and other deformities of the human frame. The symptoms most complained of by women are sensations of uneasiness, or weight, at the lower part of the body, with bearing-down sensations towards the anus. There may also be pains in the back, in the inguinal regions, or in the inner part of the thighs. These pains are much increased by walking: over-walking renders them intolerable, while the reclining posture relieves, and often lulls them completely. Partial paralysis of the lower limbs, and all the nervous symptoms produced by uterine diseases, are often noticed. Constipation and urinary disturbance may also exist. Disturbance of the menstrual function is also not uncommon. The discharge is either too abundant, too scanty, or too painful. These symptoms are more constant in extensive retroversion, and occur now and then in cases of uterine inflexion, which are in general harmless, as stated long ago by Velpeau. The pendant portion of the womb becomes irritated from some unknown cause, then the return of blood becomes more and more difficult; and with this state of congestion, menstruation becomes morbid. It will be easily understood that the menstrual process may occasion all the suffering of deviations, and I have met with cases where the deviation was never painful, except at that time. In asserting that sterility is frequently observed when the womb is deviated, I think that writers have rather expressed a preconceived notion than real facts. This is a fit object for statistical inquiry.

Such are the symptoms of uterine deviations; but exactly the same symptoms often constitute those of early pregnancy, of miscarriage, of many uterine affections; or even some women will present these symptoms without it being possible to trace them to any structural change of the womb, whose nerves are alone affected, as in uterine neuralgia or hysteralgia. At the same time, it is now admitted by almost all authorities, that the womb may be bent in various ways, and anteverted or retroverted to a considerable extent without determining any symptoms. This I daily find to be the case; and in lately discussing the subject with some of the Paris physicians, who, like Dr. Bernutz, at the Hospital de l'Ourcine, have vast opportunities of observation, I found that they also had been led to the conclusion that uterine misplacements gave rise to no suffering, unless they became complicated by some uterine affection. In Germany, the belief in the innocuity of uterine deviations is so gaining ground that it has been actually proposed to induce retroflexion of the womb by means of the uterine sound, in order to cure prolapsus.

There are, then, cases of uncomplicated uterine deviation, and they are of very frequent occurrence, because the final destination of the womb necessitated such arrangements as would ensure to it the greatest possible latitude of movement in the midst of organs which receive support and a healthful stimulus from such movements—organs so constructed as not to feel pain, or to have their functions disturbed, by some slight alteration in the shape or position of the womb. Uncomplicated deviations are only accidentally discovered; the com-

plicated come to us, and are variously examined, interpreted, and treated by medical men. A idea of the complications most frequently met with may be gathered from the statistics published by Dr, Saussier, in a French journal. In 102 cases of uterine deviations he found them complicated by

Ulceration of the os uteri in	67 cases.
Engorgement of the body of the womb in	53 "
" " neck of the womb in	39 "
Extreme uterine sensibility in	91 "
Uterine catarrh in	71 "

As I believe that the symptoms accompanying uterine deviations express some complicating uterine disease, it would be out of place to treat of them in detail, with the exception of some which are more frequently complained of. The sensation of a weight, and forcing down towards the perinæum, is often complained of: it is not pain, and still it is often said to be more distressing than pain. Theory tells us that this sensation should be most felt in cases of confirmed prolapsus of the womb; but we find that when the womb is visible between the thighs, women complain greatly of exhaustion, incapacity for exertion, but they do not complain of bearing-down pains, and are often able to move about. Theory likewise tells us that fibrous tumors of the womb, by their pressure on the rectum, ought to produce the bearing-down sensations; but very frequently this is not the case. The bladder ond rectum are often forcibly pressed without the patient experiencing any great inconvenience; or, in other words, the sensations of weight are not experienced when the womb is forced through the body, or when it is pressed upon by solid tumors. Women suffering from uterine catarrh, from erosions, from ulceration of the neck of the womb, do not in general complain of forcing-down pains. Women in excellent health often suffer much every month from forcing pains just before the menstrual discharge, and during the first day or two of its flow. These forcing pains are signs of the ovarian nisus compelling the womb to rid itself of blood, and represent the stronger pains by which the womb is forced to rid itself of the produce of conception. Women suffering from habitual congestion and enlargement of some portion of the womb often complain of the sensation of weight. A few minutes after a patient affected with retroversion of the womb has left her bed she will sometimes complain of bearing-down pains, and on examination you will not find the womb more retroverted than when the patient was previously examined in bed; and her sufferings last until she again lies down. Such being the facts relating to the symptom, how is it to be explained?

It is easy to say that bearing-down pains are caused by the dragging of the ligaments of the womb, but as the forcing pains are often absent in prolapsus of the womb, when the uterine ligaments are most dragged, this explanation falls to the ground. In women, at the approach of menstruation, in those at least who are affected with chronic congestion of the womb, the forcing sensations are in direct proportion to the determination of blood to the womb. When the forcing sensations occur in women affected with uterine deviations on their

assuming the erect posture, they are probably caused by a change in the hydrostatic condition of the womb, and by the over-distension of its blood-vessels deprived of valvules.

The continued pelvic pains when the retroversion is considerable may be explained by the stretching of the peritoneum, and by the long-continued strain on the broad ligament. The ovaries are often more or less irritated, in cases of retroversion, by the strain on the broad ligaments, and by some obstruction in their returning circulation. Dr. Rigby has pointed out ovaritis as a frequent result of the long-continued pressure on the left ovary. Dr. Saussier found engorgement of the broad ligaments in 68 cases out of 102, and some of the distressing symptoms attending retroversion are to be referred to those complications. In many cases the uterine deformity is slight, and still the pains are very severe. Sometimes the same pains exist, without any appreciable alteration of form and structure of the womb. This brings us to the consideration of uterine neuralgia.

Limbs recovering from contusions or inflammatory affections often remain long affected with annoying sensations of distension, heat, itching, or pain. This may be the case with the womb after its inflammatory affection has been cured. There may remain a neuralgic affection, which must be treated as such. Neither must we ignore the fact that many women suffer much from uterine deviations which are unconnected with any uterine inflammatory lesion. We have thus obtained the fact that the same amount of uterine deviations which will be tolerated by some patients will give rise to serious disturbance in others. This is but a repetition, in uterine pathology, of what holds good with every other organ. The same amount of morbid structure will, at times, be unheeded by the nervous symptoms. Thus, in certain constitutions, the uterine deviations so react on the uterine nerves as to induce hysteralgia, a form of what Valleix and Beau have called lumbo-abdominal neuralgia. The nervous symptoms bear no proportion to the amount of the uterine deformity, being sometimes intense when the deviation is slight, or when the deviation is extensive the uterine neuralgia may be slight. The nervous symptoms are often cured by various modes of treatment, while the uterine deviations persist, and will again make up the neuralgia. I said that some women have the neuralgic symptoms of uterine deviations without any deviation or any other appreciable change of structure, and it may be well to confirm the assertion.

Case 1.—A young married lady consulted me for continual pains in the sacrum and loins, and for bearing-down pains, increased by the slightest exertion, so that walking had become intolerable to her. Her sufferings had commenced two years ago, after her last confinement. Many persons had been consulted, but they had found nothing the matter with the womb—no organic lesion or deviation; and I came to the same conclusion. Cold-water douches, sedatives or injections gave little relief; it therefore occurred to me to examine the patient in the standing posture. The womb did not appear prolapsed or deviated, but on raising it with the tips of two fingers introduced into the vagina, the patient exclaimed, "You have taken away all my

suffering!" I applied an air pessary, which gave permanent relief to her sufferings which had lasted for two years. The pessary was worn for six weeks, at the end of which period the patient was able to discontinue its use. Subsequent examination has not enabled me to detect that the pessary had produced any alteration in the elevation or position of the womb. In this case I was guided by another, previously related to me by Dr. Debout, the editor of the *Bulletin Therapeutique.*

Case 2.—An unmarried lady, belonging to a wealthy provincial family, had been literally reduced to the last stage of inanition by continued abdominal sufferings. Dr. Debout took her to several of the first obstetric authorities in Paris. They detected no uterine lesion or deviation; the various methods of treatment advised were of no avail. It occurred to Dr. Debout to examine the lady standing; on raising the womb, the patient exclaimed, as mine did, "You seem to have relieved me of my sufferings!" This suggested the employment of the air pessary, which relieved the pains, permitted food to be taken, sleep to be enjoyed, and will, in all probability, be the means of restoring to complete health a young lady whose case was almost given over by the faculty. Experienced men could detect no uterine deviation in this case; but by supporting and steadying the womb, its nerves soon lost the habit of suffering, although the neuralgia had lasted for years.

The diagnosis of uterine neuralgia will often remain obscure, because we shall always feel tempted to admit some unperceived uterine lesion; but it is permitted to admit uterine neuralgia when there are distressing uterine symptoms, without any apparent organic lesion, particularly if the patient be prone to nervous affections.

Diagnosis of Uterine Displacements.—The diagnosis of uterine displacements was almost impossible before Dr. Simpson showed the mode of using the uterine sound, and the admirable results to be obtained from a proceeding, the utility of which had already suggested itself to Recamier and Osiander. If, while referring the reader to Dr. Simpson's valuable writings, I caution those beginning practice to use the sound with great discretion, it is not that I undervalue the instrument, but to prevent the occurrence of deplorable accidents. Pregnancy is so easily overlooked or mistaken for a morbid affection of the womb during the first months of gestation, and precision of diagnosis may then be purchased at the expense of abortion. This occurred twice to Nonat, once to Huguier, once to Valleix. For one medical man gifted with the moral courage to own a mistake, it may be safely said there are many who keep it to themselves, so doubtless abortion has not unfrequently been unwillingly brought on since the uterine sound has been popularized, particularly when we remember that it is easy to confound early miscarriage with profuse menstruation. When in Paris, a few months ago, I was informed by a medical man of eminence, that on one occasion, after introducing the uterine sound into the womb, although using it cautiously, he felt that he had perforated the womb, and that the uterine sound had penetrated for several inches into the peritoneum. Slight colics occurred, but no

other symptom. The same gentleman mentioned the names of two other eminent practitioners, to whom a similar accident had occurred, without giving rise to any bad symptom. The immunity of peritonitis, in many cases of gastrotomy for the removal of enormous ovarian tumors, enables one to understand why the perforation of the peritoneum was in some cases harmless, but it will not do to rely on similar results in all patients, and I think it right to state facts calculated to impress the necessity of prudence.

Progress of Uterine Deviations.—The progress of those cases of uterine deviations which come under our notice may be inferred from what is known of the march of chronic uterine inflammations, and the uterine affections which most frequently complicate deviations.

The progress of many cases of uterine deviations shows the nervous nature of attendant sufferings, the symptoms suddenly subsiding, while the deviation remains the same. This sudden subsidence is sometimes caused by a serious illness, a reverse of fortune, or, in other words, an imperative necessity for exertion, and a sudden shock to the nervous system. In other cases, these pains, which keep so many women on the sofa, wear themselves out, and gradually disappear. Few women from forty to fifty consult us for uterine deviations, which still, however, may exist. After the cessation of menstruation, the ovaries cease to be powerful centres of nervous power and periodical centres of attraction for the blood; and therefore the womb becomes atrophied, cylindrical, and less weighty, its deviations become less and less apparent, and the vagina has a tendency to contract.—*London Lancet.*

EXTRA-UTERINE PREGNANCY—GASTROTOMY PERFORMED BY THE USE OF CAUSTIC POTASH—EXTRACTION OF THE FŒTUS—RECOVERY.

Reported by M. Martin in the *Gasd es Hospiteaux*. Translated for the *Western Lancet* by J. H. T.

J. D., aged thirty-six, of good constitution, in perfect health, and married at nineteen years. She gave birth to a daughter within a year after her marriage. Between the first and last pregnancy some fifteen months intervened. The latter gestation began toward the end of October, 1855.

On December 31st, the woman was taken suddenly with violent pains resembling those of parturition, attended by an intense fever and delirium. M. Blanchit was called in, and found her laboring under peritonitis with acute pain, distention of the abdomen, and all the symptoms of that form of inflammation.

When the patient had recovered, her abdomen, which hitherto had presented no unusual appearance, all at once seemed to change its form, and presented on the left side a tumor which was easily appreciable to the touch—a circumstance which led M. Blanchit to think that it was an extra-uterine pregnancy.

From this time the patient had her regular menstrual returns as usual, but her feelings were very different from those which she had experienced during her former gestation; the movements of the infant were more obscure and limited.

In the beginning of August, that is at the completion of the ordinary term of gestation, she began to feel the pains which foreshadowed the approach of delivery; but these efforts were vague, irregular, and obscure; they were not the uterine contraction, and were fruitless.

During the day of the 8th of August these pains were renewed with more intensity, and were accompanied by anxiety, fever, and distension of the abdomen. M. Blanchit was called, and passed the night at the bedside of his patient. After having examined the womb, he was fully convinced that it was a case of extra-uterine pregnancy, and requested the assistance of two of his professional brethren, M. Maraton and M. Martin. They all agreed as to the nature of the case. The diagnosis was established from the following signs: The mouth of the womb was soft and open, and discharged a muco-sanguinolent fluid. Three fingers could be introduced into its cavity, which was open, empty, and flattened; and pushed into the iliac fossa by the pressure of the sac containing the fœtus. The abdomen was of singular form, presenting the appearance of containing two tumors—one in the right iliac fossa formed by the womb, the other much larger, very hard, and to a small extent movable, situated obliquely from above downward and from left to right. The large extremity of this formed by the child's head (of which the sutures and fontanelles could be detected by the touch through the abdominal walls), extends as high as the costal cartilages on the left side, while the small extremity reposed upon the womb in the right iliac fossa.

Was the child living? A question important to solve, for upon this would depend the nature of the means proper to be employed in the delivery of the mother. She supposed she had felt her child move the night previous; but we were unable to detect the fœtal pulsations, or, to discover any movements whatever.

To wait any longer was improper, for nature was now making violent efforts to expel what had become a foreign body; and the rupture of the cyst which seemed ready to take place would inevitably lead to the death of both mother and child.

An incision by the rectum, or vagina was impracticable; for not only was the cyst too voluminous, but it was placed transversely, and was not at all engaged in the pelvis.

Gastrotomy seemed the only operation suited to the circumstances; but that operation accomplished by a cutting instrument is almost always mortal as regards the mother, and could afford but little hope of saving the infant, it being uncertain whether it was now alive.

M. Martin proposed to his associates to open the abdomen by the repeated application of caustic potash and Canquoin paste, with the view of procuring an intimate adhesion between the cyst, and the walls of the abdomen, in order to avoid all effusion into the cavity of

the peritoneum—a circumstance which has so often occasioned such operations to be fatal.

On the eleventh of August, by means of baths, injections of laudanum, and narcotic fomentations, some degree of comfort had been obtained: the patient had slept, and the pains only returned at long intervals; the abdomen was more supple and the head had changed its position. Renewed efforts to detect fœtal life were of no avail. M. Blanchit now drew a line with the caustic potash over the tumor in a direction parallel with the linea alba, and extending in length to some sixteen inches: so that it would run some three inches from the umbilicus which would divide the line at its center.

Recourse was had twice to the caustic potash, and three times to the paste of Canquoin. After each cauterization the parts mortified were removed, and into the depths of the wound another application of caustic was made. After the fifth cauterization the cyst was disorganized, and we were enabled to open it, and the membranes without losing a drop of blood.

On the 26th of August (fifteen days after the first application of caustic), the three physicians again met in order to extract the fœtus. There had already escaped a considerable quantity of the amniotic liquor, which was colored dark by the meconium. On pressing back the head which projected into the artificial opening, we perceived that the fœtus floated freely in its abnormal cavity, as if in the womb. Moreover, we discovered that the cyst, which was a line and a half in thickness, was intimately united by strong adhesions to the internal face of the abdominal parietes, so that we were protected from all effusion into the peritoneum.

M. Maraton cut up the borders of the opening as far as possible without extending beyond the limits of the cauterization. As the infant was dead and its head appeared quite large, an incision was made through the scalp, and the frontal and parietal bones were extracted. After this, pelvic version was easily accomplished. Whilst one of the surgeons made traction upon the pelvis in order to disengage the head, another sustained the walls of the abdomen by embracing them between his two hands in order to avoid the pains which traction occasioned to the woman. We thus delivered a viable child, but which had its feet and hands malformed.

Immediately after the extraction of the fœtus, a small quantity only of blood issued forth, but at the expiration of half an hour a very considerable hemorrhage took place. Tractions upon the cord were insufficient to detach the placenta, which seemed firmly adherent to the base of the sack, and we introduced the hand several times, and took it away by fragments, and then the hemorrhage ceased. The patient had a long syncope, vertigo, an icy coldness, but by means of ether frictions and the elixir of churtreuse she was soon recovered.

The dressings consisted of compresses dipped in water vinegar, and pressed moderately against the abdomen by means of a towel. We left her only after she had fully recovered her consciousness, leaving her under the further attendance of M. Blanchit.

The seqelæ of this labor were like that of most others, but there was no comparison between the extent of suppuration, and of membranous *debris* which was expelled. The compresses were left untouched for three days, after which they were removed, and the cyst was emptied of the clots of blood with which it was filled. The patient had no milk fever, but her breasts were very much swollen before the usual term of parturition. During the first four days she was very much exhausted, but no inflammatory action was set up in the abdomen. On the eighth day she could walk tolerably well, and her functions were all re-established. Each day injections were made into the cyst; at first emollient, and narcotic but afterwards rendered astringent and antiseptic by the decoction of quinine. The bowels were kept soluble by lavements and magnesia. The strength was regained little by little by the use of Bordeaux wine given in chicken or onion soup. Finally, at the end of six weeks the woman could rise and walk out into her garden.

The 25th of September we again visited our patient. She was now of good complexion, slept and digested well, and arose each day. The wound was now only of a thumb's length, and six inches deep; the pus was laudable, and the cyst diminished daily. The stimulating injections of quinine were still continued, and made more stimulating by the addition of the elixir of chartreuse, and a tent was kept in until the complete obliteration of the cyst.—*Western Lancet.*

CASE OF GUNSHOT WOUND.

REPORTED BY DR. JAMES BLAKE, M. D., F. R. C. S.

In relating the following case, I have to apologize for the imperfect manner in which it is reported; the original notes taken at the time having been destroyed in the fire of 1852. As it affords an interesting example of the reproduction of a large portion of the urethra, after its complete destruction, I have thought it worthy of being published, more particularly as the functions of the part are completely restored—the individual not suffering the slightest inconvenience from the accident.

In November, 1850, I was called in consultation with Dr. White to see the patient, a healthy man, about twenty-six years old. On inquiry, I found that about thirty hours before, he had been shot by the accidental discharge of a fowling piece, loaded with duck shot. At the time of the accident he was standing about a foot from the muzzle of the gun; the charge entered on the anterior part of the left thigh, on the outer side of the sartorious muscle, about seven inches below the anterior superior spinous process of the ilium. On examining the wound, I found that it passed backwards and inwards, in a line towards the perineum; this was the only wound in the skin. There was considerable swelling and ecchymosis of the perineum, and in the posterior part of the scrotum. At the time of my visit, the pa-

tient was suffering greatly from distension of the bladder, no urine having been passed for the last thirty-six hours—every attempt to introduce a catheter having failed. Feeling convinced that extensive mischief had been done in the perineum, where I thought it probable that effusion of urine had taken place, I determined to attempt to reach the bladder through that part, in preference to puncturing it through the rectum or above the pubis. The patient being placed as in the operation for lithotomy, and a catheter having been introduced through the penis as far as it would go, I made an incision in the mesial line, extending downwards about an inch and a half from the scrotum. On dividing the skin and superficial fascia, the parts beneath were found engorged with dark coagulated blood, and the point of the catheter was seen protruding in the midst of the disorganized mass, which evidently included a part of the spongy portion of the urethra, extending from a little below the scrotum. On continuing the dissection, I found that about an inch of the urethra had been destroyed, and the cellular tissue and parts around had been reduced to a disorganized mass, from which, however, there was no smell of urine. By cutting towards the bulb of the urethra, I was enabled to find the farther end of the passage, with the point of a probe, and then having introduced a catheter into the bladder, the patient was relieved. On examining the wound in the perineum, I found that the charge had passed across the perineum into the opposite hip, into which a probe could be passed about two and a half inches; some few of the shots had struck the tuberosity and ascending ramus of the right ischium, and, as it subsequently appeared, had been turned upwards into the pelvis, but by far the larger portion of the charge had passed into the right gluteal region. The case proved to be very tedious. The urine was drawn off through the wound in the perineum for two or three months; considerable sloughing took place from the perineum, and an abscess formed around the neck of the bladder, through which some five or six of the shot were discharged about three months after the accident. After this the patient was unable to retain the urine, and a catheter introduced through the penis was kept constantly in the bladder. The wound in the perineum was not closed until nine months after the operation, although it might have healed earlier had I not kept it open, with the view of preventing the urine finding its way into the fistulous openings in the hip. Extensive abscesses formed in the right gluteal region, which were followed by obstinate fistulous openings, into which the urine found its way for many months; about sixty-eight shot were discharged from the spot.

It was fully two years before the patient was perfectly cured, although the urethra had been completely established at the end of nineteen months, at which time he was able to pass water naturally. The use of the catheter, however, was continued for some months, so as to keep the parts from contracting. It is now three years since an instrument has been passed, and the patient has never experienced the slightest inconvenience in the discharge of urine; and, as far as the functions of the parts are concerned, he is as well as he was before the accident.—*Cal. State Med. Journal.*

ON VALERIANATE OF AMMONIA.

BY WILLIAM PROCTER, JR.

Within two months past, a demand has arisen for the valerianate of ammonia, owing to the publication in the *Medical Examiner* of a notice of its successful employment in severe facial neuralgia by certain French physicians. Having been applied to for this substance, and having studied the subject to some extent, the following remarks bearing on the preparation and properties of the salt are offered to those desiring the information.

When valerianic acid, as it occurs in commerce, is neutralized with strong solution of ammonia, and the liquid is carefully evaporated at 150° F., a syrupy liquid results, which is a dense solution of the valerianate of ammonia. If left to stand for some time it shows little, if any, disposition to crystallize, especially if the atmosphere is moist; but under favorable circumstances crystallization occurs, and the solution becomes a mass of crystals.

After several trials, the following method was adopted, which proved successful. After concentrating the aqueous solution, it was mixed with twice its bulk of alcohol of 95 per cent., and suffered to evaporate spontaneously. In a few hours, as the alcohol disappeared, crystallization took place without difficulty. As valerianic acid is expensive, and the use of this salt will depend much on its being obtained at a reasonable price, it will be preferable to make the acid and salt in one operation, which can be economically done by the following process, which I have found to yield a nearly pure product.

Take of Bichromate of Potassa, eighteen drachms,
Sulphuric acid, thirteen fluid drachms,
Fusel oil (Alcohol Amylicum), a fluid ounce,
Solution of Ammonia, a sufficient quantity.

Reduce the bichromate to powder in a mortar, add the acid mixed with an equal bulk of water and triturate, and then the remainder of the water, so as to get a clear solution. Pour this into a quart flask, add the fusel oil and shake them together at short intervals, until the reaction has abated and the temperature decreased. Then attach the flask to a Liebig's condenser, (or use a retort and receiver,) apply heat, and distil a pint of liquid from the mixture. The distillate (which consist of a watery solution of valerianic acid, with an oily mixture of valerianic acid and valerianate of oxide of amyl, or apple oil, floating on its surface) should then be put in a flask, and solution of ammonia added with agitation, until in slight excess, and the liquid ceases to redden litmus paper. The apple oil floating on the surface should then be removed, and the solution evaporated on a water bath till syrupy, mixed with alcohol, as before noticed, and set aside to crystallize.

A very neat process is to pass gaseous ammonia through syrupy valerianic acid till super-saturated, and then, after slightly heating the dense solution, to remove the excess of ammonia, crystallizating by aid of alcohol, as above.

Valerianate of ammonia is a colorless salt, crystallizing in very thin micaceous quadrangular plates, soluble in water and alcohol in all proportions. When added to washed ether, a part of the salt seizes on the water and attaches itself to the sides of the vessel, whilst another is retained by the ether. Its tast is at first sharp, and then sweetish, its odor slightly valerianic, like valerianate of soda. When its aqueous solution is boiled, ammonia is perceptible in the vapor. According to Lowing, it volatilizes without decomposition, and Gregory gives it the formula NH^4, O–|–C^{10} H^9 O. Although very soluble, this salt effloresces when exposed to the air. I have not determined its amount of water of crystallization, nor have I been able to find any statement of the dose of the salt, as the paper in the *Examiner* speaks of a "solution" without noting its strength.—*Amer. Journal of Pharmacy.*

EDITORIAL AND BOOK NOTICES.

Reform in the Medical Schools—Clinical Instruction at Detroit.—We notice, in looking over our exchanges, that the subject of enlarging the course of instruction in medical colleges, causing it to extend over a longer period of time and embracing a larger range of subjects—of making it more deliberate, systematic and thorough, is again agitating the minds of the profession. From Philadelphia, New York, Cincinnati and other places, and from the better class of men connected with schools where the "four months terms" are still continued, we see language strongly expressing the absurdity of attempting to force students, by compelling them to listen to six or seven lectures per day on as many different subjects, to pass over the whole field of medical science in so short a period, besides at the same time having them give attention to practical anatomy and clinical medicine and surgery—not to mention the requirement of such study and reflection, such arranging of thoughts and writing upon their studies, as is necessary to incorporate into the mind the knowledge presented, and so elaborating it, as to make it their own.

We would by no means intimate that the perception of this absurdity is limited either in time or place, or to a comparatively few individuals. On the contrary, it must have continually existed in the mind of every reflecting physician, ever since medicine has become developed to anything like its present proportions, and since the present prevalent mode of conducting medical colleges has been in operation among us. It was among the chief ideas which led to the

formation of the American Medical Association as a means of reforming medical education and improving the condition of the profession, and expressions of it have been reiterated by that body almost annually ever since.

The present system of medical education in this country, or the mode of conducting the schools, has not been the result of design or of a conviction of propriety, but the product of circumstances of a somewhat peculiar character. When American schools were first established, the whole profession was in a comparatively low condition as to the developement of the science, and particularly so in this country as to the education of its members. Four months' time would allow a much fuller presentation of the science of medicine as it then existed, than twice that period in its present developement; and a short course of oral and demonstrative instruction in a medical college was a great improvement upon the irregular and desultory reading and the very imperfect office teaching which before prevailed. Since then the existence of the precedent, the morbid desire of students to complete their course as speedily, and stay from their homes as short a time as possible, their limited means in many instances, and the competition of colleges for patronage, have prevented the extension of the lecture term, while the multiplication and expansion of subjects have required the delivery of so many lectures per day, in order that a respectable outline of them be presented. Thus has the present system had its origin, while all see its absurdity and acknowledge its defects.

It is urged, with some degree of plausibility, as an excuse for the short terms, on the part of the schools, that students remain at the lectures even four months with reluctance, that many go into practice without the advantage of college instruction, and that many more would do so, were the terms made longer and more expensive. Still the time has certainly arrived when the honor of the profession and the interests of the community demand, that those who assume the full honors of a professional position, who receive the title of Doctor of Medicine, and are sent out with the highest authority to practice the art, should be fully and thoroughly educated; and if a class of men of inferior attainments must be had to supply the wants of the community, (a position which we do not admit,) let them be designated and understood as such, not bringing the rest of the profession down to their standard.

We regard it as culpable, highly culpable in the leading schools, not to take a long stride in advance, and we rejoice in the indications

already alluded to, that this duty is being more definitely perceived, and that such advance on the part of the schools may soon be made. Indeed, if the schools in the great cities of Philadelphia and New York intend to maintain an ascendency in position and influence, they must advance. The world will progress, whatever they may do, and unless they extend their terms of instruction—unless they afford clinical advantages and instruction which are something more to the mass of students than a deception and a farce—something better than a great crowd following hastily a hospital practitioner from bed to bed once in a week or two, or else some morning before the lectures commence in the college which are to occupy the students six hours of the day—something more than once a week seeing a number of patients prescribed for, or possibly operated upon in a college clinic, the students at a distance and probably never seeing the patients more—unless time and opportunity for something better than this is afforded as clinical or bedside instruction, they will loose that prestige which their locality and their large hospital advantages if improved, would naturally give them. Although students who are learning to practice, need to see but few patients,—can indeed see but few at a time, without being distracted and confused, yet large numbers are attractive, a great variety is interesting and affords the medical philosophers opportunities for comparisons and deductions, which smaller numbers do not.

Without designing in a boastful spirit to parade our own institution in this connexion, we think it will not be unbecoming, for the purpose of showing what is being done far away from the sea-board, to mention, that the University of Michigan has from its beginning had a six months course of lectures, with not usually more than four regular lectures per day. It has recently added a course of analytical chemistry after the close of the regular lectures, and now, as announced in our last number, provisions have been made for a course of clinical instruction in this city during the summer.

This is intended to be systematic and thorough. It will consist of deliberate walks through the hospital wards and thorough instruction at the bed-side of the sick. The patients will be properly classified, and only such a number of students will be present at any one time as shall not embarrass each other or too much disturb the patient, but which will give all an opportunity to see and hear and examine every thing that is necessary for a full understanding of each case. They will each be allowed to see only such a number of cases as they can understand, remember, reflect upon and read about; and frequent

questionings at the bed-side and general reviews elsewhere will stimulate attention, test their knowledge and correct wrong impressions. To this form of instruction will be added systematic lectures to the whole clinical class on particular subjects, pathological and therapeutical, with references to monographs and other systematic works, the subjects illustrated by the cases which have been seen, while autopsies will be practiced as opportunities may present, thus enabling the student to become familiar with morbid appearances, to test the correctness of diagnoses, and to trace the relations between symptoms presented and structural changes produced. The cases will be carefully observed by the student from day to day during the whole progress of the disease, and the effects of remedies and the mode of applying them will be subjects of special observation. All this will be carried on with a class of students who have been instructed in preliminary and elementary subjects, and are qualified to appreciate practical illustrations, and at a time and in a place where no other lectures are in progress, no other attractions are presented, and where the whole time of the student may be devoted to the subjects in hand—to taking notes of cases, to the examination of authors and to deliberate reflection upon all the matters presented, so that every thing may be "marked, learned and inwardly digested." In short, it is intended that no means shall be left untried for the advancement in practical knowledge of those who shall attend.

In consequence of its endowment and by the action of an enlightened Board of Regents, the University offers this, as she offers all her other instructions, "without money and without price" to those of her matriculants properly prepared for its reception.

On previous occasions we have expressed our convictions of the almost worthlessness of attempts at clinical instruction during the short lecture term, when six lectures besides were listened to in a day, and have said that bed-side instruction with a private practitioner, during the intervals of such courses of lectures was preferable to the attempts at hospital teaching usually afforded during the sessions of the colleges. We see no reason for changing that opinion, and we would still urge upon students the importance of visiting patients in private practice, wherever practicable, with an intelligent preceptor; but the infrequency of such opportunities must be acknowledged, and the kind of hospital instruction now proposed for students of the University, is entirely different from that we have hitherto disparaged. We have always contended for the benefits of hospital instruction, when properly conducted.

We think, the example of the University of Michigan will not be without its effect upon other schools, and that the time is not far distant when all the medical colleges, whose diplomas will be considered of material value, will have their courses of instruction much extended in time and variety, as well as improved in quality and increased in amount. A. B. P.

The Medical Independent's Publication of a Private Letter. In a recent number of this journal in closing an article respecting the course of the *Medical Independent*, we expressed the hope that no circumstances would induce us to recur to the subject again; and we do so now, simply to say that Dr. L. G. Robinson, the junior editor of that journal, has published a garbled extract of a private letter from us to him, involving personal matters in which others are interested, without the consent of the writer. We supposed that the publication of a private letter without such consent, even where a correct copy of the whole was given, was a breach of confidence which no *gentleman* would be guilty of. What then must be thought of publishing extracts while those parts are suppressed which would modify materially the general effect. In the case referred to, such is the fact, and we shall again, and finally, dismiss the subject with this statement of that fact. The only reparation Dr. R. could make, (and that would be only partial) would be to publish the whole letter. But whether he does so or not, anything he may say of us hereafter, while it is remembered that he has resorted to the publication of a private correspondence on personal matters without the consent of the correspondent, and garbled it at that, will render any reply to him entirely unnecessary. We think therefore we can now say that this whole matter, respecting the *Independent* and the conduct of its editor, so far as our journal is concerned, is *indefinitely postponed*. To this determination, we are prompted by almost every motive. Our readers must be tired of the offensive subject, and we are strongly impressed with the truth of the saying, that pitch must be left untouched if one would not be defiled.

A. B. P.

Catalogue of the University of Michigan.—We have just received the catalogue of officers and students of this institution for the year 1857. It is again embellished with plates of the college buildings and grounds, and of the Detroit Observatory, and what is

more gratifying to the eyes of its alumni and friends, its figures exhibit a still progressive prosperity and popularity.

The following is the summary of the students in attendance:

First year (Freshmen) - - - - -	69	
Second year (Sophomores) - - - - -	63	
Third year (Juniors) - - - - -	45	
Fourth year (Seniors) - - - - - -	32	
Students of Partial Course - - -	75	
		284
Resident Graduate - - - - - -	1	
Students in Analytical and Applied Chemistry	27	
Students in Medical Department - -	167	195
Total number of students - - - -		479

It contains the announcement, made in our last number, of the establishment of the School of Clinical Instruction in this city, in connection with the Medical Department of the University. This school will be opened, as previously stated, on the 15th of June, under the direction of Prof. Z. Pitcher, M. D., assisted by Prof. A. B. Palmer, and its exercises will continue till Sept. 30th.

The increasing prosperity of this institution is gratifying evidence that that monstrous principle is not natural to or congenial with our people, that the benefits of education are exclusively for the rich, or that the people are entitled only to the lowest grade of education, such as is furnished by the common school; nor do we as yet understand why it should be more derogatory to an American youth to receive the higher grades of education, the university or professional, from the endowment of the State, than to receive the primary branches; nor is it difficult to perceive why money or influence should be regarded, if not a sufficient one, yet of no small consideration, as a qualification for a diploma with those who sustain and unblushingly advocate such a principle, that education should be alone for the rich, and assert that the American spirit is such as would refuse even the priceless blessings of education, when offered as a *charity*, as it is invidiously termed. Charity, indeed—is it not the same kind of charity to offer to all elementary and common school instruction, as the academic and university? But it is no charity; it is each youth's right and inheritance, and far less derogatory to accept such charity, than a sinecure office with a comfortable salary from the same patron, which very few would regard as in any way derogatory in these days, or in any age.

California State Medical Journal.—We have received No. III, the first we have seen, of the California State Medical Journal, a quarterly, published at Sacramento under the auspices of the State Medical Society, and edited by Dr. Jno. F. Morse. Its contents and typographical appearance are of the first order, and promises are held out, if sufficient encouragement is given, of still further improvement, in dicating that it will be satisfied with no second place.

In the proceedings of the Yuba Co. Medical Society, we observe the name of our old townsman, Doctor C. N. Ege, as one of the Censors.

Experiments and Observations on the Action and Sounds of the Heart, by George Britton Halford, M. D., M. R. C. S., L. S. A., &c., &c.

We have been favored with a copy of a pamphlet with the above title by a friend of the author. Though very brief, yet it is deserving of examination, from the uncertainty which has attached to the true physiology of the action and sounds of this organ, and the consequent difficulty in arriving at a satisfactory diagnosis in its pathological conditions, and is deserving of a special notice from the conclusions determined by the experiments of the author, instituted to that end. It is a brief paper, and for a very commendable reason, that the author has designed only to publish his own conclusions, with the mode of experiment leading to them, and the observations naturally suggested as pertinent to the subject, and has not sought, by extensive compilation, to make his paper more bulky.

Hence he says: "*Palmam qui meruit ferat;* therefore I have not brought forward the observations and arguments of others so peculiarly their own, but refer the reader to the writings of Billing and Bryan, and to the experiments of Brakyn, as preceding and leading to my own."

For this reason it is difficult to give a more brief synopsis of the substance of the paper, than the author has himself given; we will therefore content ourselves with giving an extract from the pamphlet containing the most important conclusion arrived at by the author.

Observation VIII.

Get a good sized broad-chested dog, (Scotch terriers seem to be the best hearted,) and expose the heart as above; listen, and the two sounds will be distinctly heard. Now compress the vena cava inferior, by applying a pair of Liston's bull-dog forceps to it just before it enters the heart; compress at the same time, between the fingers and thumbs, the superior cava and the pulmonary veins* entering the

* The four pulmonary veins enter the left auricle. ED.

right auricle. The heart's action will continue as vigorous as before, although it will contain little or no blood after the first contraction. Now apply a stethoscope, and although the ear is raised as before, no sound whatever is heard; as much muscular action is going on, but no sound. Remove the fingers and forceps, admit blood, and both sounds are restored. The sounds I have thus kept destroying and reproducing as long as I pleased, and in one or two instances the same heart has contracted vigorously upwards of an hour.

I have so often repeated this experiment, and to the satisfaction of every one present, that I would particularly request the reader to consider it attentively. The following gentlemen have been present and will bear witness as to the accuracy of my statements: In London, Drs. Marshall Hall, Wilson, Daniel, Pettigrew, Fuller and Ogle; Messrs. S. A. Lane, Tatum, H. C. Johnson, Blenkins and J. R. Lane. In Liverpool, Messrs. Higginson, Grimsdale, Fletcher, McCheane, Edward Bickersteth, Waters and Webster—all men of known ability and scientific ardour.*

When first undertaking these inquiries in Mr. Lane's Anatomical Theatre, I was most willingly and effectually assisted by Mr. Blenkins, then one of our Lecturers on Anatomy, and by Mr. Waters, now Lecturer on Anatomy at the Liverpool Royal Infirmary School of Medicine. They were so satisfied with the theory and result of the experiment, that Mr. Lane, as the head of the school, requested me to repeat theexperiment, in order that he might himself witness what I was about. Perhaps a more impartial and capable judge in such matters could not be found. The experiment was commenced, Mr. Blenkins compressing the pulmonary veins and vena cava superior, and I, by means of Liston's bull-dog forceps, the inferior cava. The contractions continuing well, Mr. Lane applied the stethoscope and, to my great surprise, said he heard the first sound indistinctly, not so clearly as before the compression. I listened, and certainly there was the sound as he described it. Our attention was then directed to our compression—Mr. Blenkins feeling certain he had secured the vena cava and pulmonary veins, and I re-applying the forceps, completely securing the vena cava inferior. Mr. Lane again listened, and said: "I still hear the sound with the contraction of the ventricles." We then left off the compression, allowing the blood to flow freely through the heart, Mr. Blenkins suggesting some anatomical irregularity as the cause of this singular contradiction of our former experiments. The result was that the vena azygos was found entering the right auricle by an independent opening. This vessel was then included with the inferior cava in the forceps, and the other vessels compressed as before. Mr. Lane then listened, and during the contraction of the ventricles heard no sound—the heart contracted vigorously, and yet he heard no sound. The veins were presently allowed to pour their contents into both sides of the heart, and both sounds

* This last experiment was first performed by me on December 1st, 1851, in Mr. Lane's Theatre, adjoining St. George's Hospital, where every facility was given me to conduct my observations.

became distinctly audible. After thus destroying and reproducing the sounds for the space of half an hour, Mr. Lane was perfectly satisfied.

This last experiment differs in kind and result from all those of Hope, Williams and the Committee of the British Association. In this there is no rude interference with the mechanism of the heart's action; the cavities of the heart are untouched; there is no finger thrust into the auricle or ventricle (as in theirs), no hooking back of valves (as in theirs); in fact, not one source of sound substituted for another.

I contend therefore, that the fact of both sounds being destroyed and reproduced by the same means is the greatest proof, *and the first that has ever been given*; that they depend upon the same cause, which is simply the backward currrent of the blood, producing forcible closure and *tension*, first of the auriculo-ventricular (first sound), and secondly of the ventriculo-arterial valves (second sound).

This is the view first put forward by Billing in the Lancet of 1832, and subsequently maintained by Bryan and Rouanet, during the same and following years.

An ingenious experiment was performed by Mr. Brakyn, of Dublin, on a dead ox's heart, with air instead of blood, to close the several valves, the tension of which, produced by this medium, caused sounds very similar to the first and second sounds of the heart. The experiment is given, with engraving, in the Lancet of 1851, and may be found also in Braithwaite. I had the pleasure of witnessing it, and to me it proved that valvular tension was sufficient of itself to account for the sounds; and from that time all my further observations have strengthened the opinion, and I believe my experiment proved it.

The fact that in hypertrophy the sounds are more distant, has long been a stumbling block to those who considered "bruit musculaire" as the cause of the first sound. Now there is no "bruit musculaire;" the sounds are valvular, and therefore less audible through thickened than through thinner ventricles. In my experiment there is as much, if not in some systoles more, muscular action going on, and yet no sound is heard. Secondly, the experiment shows that the heart will contract for a long time without blood, strengthening the opinion entertained by some, that it is independent of any such stimulus for its action, although of course not so for its life and power. Thirdly, it is most important that our phraseology should be exact; and I think the word "dilatation," as carelessly used by many writers, has produced much of the difficulty which presents to the student. I would therefore say that the term "dilatation" in some instances should be replaced by that of "relaxation," which alone is appropriate when speaking of muscular fibre. Let me endeavor to explain, thus:—

Contraction—as applied to the action of the *muscular walls* of the heart, is correct.

Contraction—as applied to the heart's *cavities* consequent on the contraction of its walls is also correct.

Dilatation—as opposed to contraction, and expressing the state of

the heart's *cavities* when distended with blood, is also correct; but

Dilatation—as opposed to contraction of the *muscular walls* of the heart, is incorrect—it should be *Relaxation.*

A reference to the last experiment *proves* that relaxation of the muscular fibres of the ventricles is distinct from dilatation of the heart's cavities; for how—when the flow of blood through the heart is stopped, and hence all force *from within* removed—how can the ventricular walls expand, how can the ventricular cavities be dilated? It is a physical impossibility; and yet the globular form of contraction, and the lengthened form of relaxation, are distinctly seen, but no dilatation can take place. The first thing therefore which happens after the systole of the ventricles, is the relaxation of their muscular fibres; this occurs previous to the dilatation of the ventricles, and must not be confounded with it. Again, relaxation of the muscular fibres of the ventricles has no more to do with the dilatation of their cavities, or with the passage of blood into them, than relaxation of the sphincter ani has to do with the expulsion of fæces from the bowel; yet in both cases the same passive yielding state of the relaxed muscular fibre is necessary to complete the act. As the abdominal muscles, through the medium of the fæces, dilate the sphincter, so do the auricles, through the medium of the blood, dilate the ventricles.

THE HISTORY, DIAGNOSIS AND TREATMENT OF THE FEVERS OF THE UNITED STATES, by ELISHA BARTLETT, M. D., late Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons of the University of the State of New York, &c., &c.; by A. CLARK, M. D., Professor of Pathology and Practical Medicine in the College of Physicians and Surgeons of the University of the State of New York. Philadelphia: BLANCHARD & LEA, 1856.

The present is the fourth edition of this celebrated American work on *fevers*, and probably no one was ever better qualified to write it, than its late talented author. The editor of the present edition is Dr. A. Clark, for a long time the friend and co-laborer of the author, and at the same time an indefatigable worker in the elucidation of disease. Assigned by Dr. Bartlett before his death the duty of preparing this edition for the press, he says: "I have to learn how little that the book contains, can be advantageously altered. Considerable new matter has been added, because new facts have been observed and new opinions have been expressed, which both add to our knowledge and suggest new topics for investigation."

Bartlett on Fevers has become one of the standard works, and no medical library can be said to be complete without it.

MEDICAL NOTES AND REFLECTIONS, by SIR HENRY HOLLAND, Bart., M. D., F. R. S., &c., &c. *From the third London edition.* Philadelphia: BLANCHARD & LEA, 1857.

The above work was first issued in 1839, and was composed of detached papers founded chiefly upon notes made in the course of twenty years of medical practice in the City of London. In the present volume a portion of the first and second editions have been omitted, being that portion which related to psychological subjects, and which have been embodied in another volume under the title of "Chapters on Mental Physiology." These vacancies have been filled with what the author had set aside for a second volume, but which in their new relation will be of more advantage to the reader.

Our space will not permit of an extended examination of the work, but from a hasty glance at the table of contents and the perusal of an occasional chapter, we cannot refrain from giving it a hearty welcome and a free introduction to the medical reader.

ANNUAL REPORT OF THE PHYSICIAN IN CHIEF OF THE MARINE HOSPITAL AT QUARANTINE, N. Y., February 1857, by ELISHA HARRIS, M. D., Physician of the Marine Hospital.

This pamphlet contains much statistical information, and important observations of the physician, upon that class of cases which are received into this hospital, which are of a limited variety, viz: typhus fever, small pox and other eruptive fevers, cholera and yellow fever, together with various maladies which, being of a doubtful or of a peculiarly malignant character, are deemed proper subjects for isolation and quarantine restrictions.

The statistics of the hospital for the year 1856 are as follows:

Total in during the year, - - - -	1648
do. admitted, - - - - - -	1556
do. discharged, - - - - -	1368
do. died, - - - - - - - -	206

Of those that died, 38 were admitted in a moribund condition, admitting of no treatment at all, and about fifty others were admitted in a dying condition, with whom only means of alleviation were employed.

The report is particularly full in regard to the history of the yellow fever as it prevailed, and the author may be classified as a decided contagionist, as he is a *conditional* contagionist also in regard to cholera.

PHYSIOLOGICAL ANATOMY AND PHYSIOLOGY OF MAN, by ROBERT BENTLY TODD, M. D., F. R. S., and WILLIAM BOWMAN, F. R. S., late Professors of Physiology and General and Morbid Anatomy in King's College, London. Complete in one volume, with 298 illustrations. Philadelphia: BLANCHARD & LEA, 1857.

The above work is dedicated to Sir Benjamin Collins Brodie, Bart., the head of the medical profession in the City of London. This fact alone is sufficient to stamp the work with greatness; but when we examine the book and see the vast amount of labor expended by its talented authors in primitive examinations, we cannot but say: *It is one of the first works in the science of which it treats.* The work was commenced in 1843 and is a true exposé of physiological science up to the present time. We cannot too highly recommend it to the notice of our professional brethren.

TRANSACTIONS OF THE NEW YORK ACADEMY OF MEDICINE. Vol. I. Part IX. 1857.

This number contains two valuable contributions to medical science, both by the same author, the latter being however the continuation of the former, without which the subject would have been incomplete. The first is entitled: "Researches into the Structure and Physiology of the Kidney, by C. E. Isaacs, M. D., Demonstrator of Anatomy in the University of the City of New York; read March 5th, 1856." The second is: "On the Function of the Malpighian Bodies of the Kidney, by the same author; read February 4th, 1857."

The minute anatomy of this organ is exceedingly well illustrated by excellent plates, and important principles in regard to the function of its parts are presumptively deduced—conclusions which, however, we have not time to condense here, but would refer the student of anatomy and physiology to these papers for as complete and minute information as can be obtained of this organ.

ERRATA IN APRIL NO.

Page 526, line 26, for preceptions read perceptions.
" " " 29, for further read future.
" " " 35, for the usage read this usage.
" " last line, for embelishing read embelished.
" 528, line 5, for institution read institutions.
" " " 8 from bottom, for to read too.
" 529, " 12, for guarantees read guarantys.
" 533, " 25, for " " "
" " at end of line 5, use period for comma.
" 539, line 19 from bottom, for *marked* read *masked.*

MISCELLANEOUS.

We publish below the Report of the Committee on State Affairs in favor of a law for the Registration of Marriages, Births and Deaths, in the State of Michigan. It is a matter of deep regret that this law was not enacted. An act was carefully drawn up and reported by the Committee, but owing to the shortness of the session and the amount of business to be transacted, this important measure failed of being consumated. Great credit is due to Doctor Stebbins the Committee appointed by the American Medical Association for this State, to report on Births, Marriages and Deaths, for his activity and strenuous labor in behalf of this measure.

REPORT OF THE COMMITTEE ON STATE AFFAIRS IN FAVOR OF A LAW FOR THE REGISTRATION OF MARRIAGES, BIRTHS AND DEATHS, IN THE STATE OF MICHIGAN.

The Committee on State Affairs, to whom was referred the various petitions which have been presented, praying for the passage of an act requiring a Registry of Marriages, Births and Deaths within this State, have had that subject under consideration, and beg leave to submit the following report:

A law for the registration of Marriages has now a place upon our Statute book. But so imperfect is this law in some of its features, that it has been almost wholy neglected or disregarded, by those entrusted with the duty of carrying out its provisions, though subject to a heavy penalty for such neglect. So little attention has been paid to it that the records in the Clerk's office in the county of Wayne—the most populous county in the State—show, as we are informed, that only 419 marriages were recorded in that office for the year 1856.

In some cases the distance of the parties from the county seat may account for a neglect to comply with the law; in orthers, disinclination on the part of the clergymen solemnizing the marriage, to demand the legal fee required to be paid for recording the marriage, under the Registration Act. But whatever the causes, they are alike injurious in their results. There should be required a better reason than either of these, or any other which is believed to exist, for disregarding a law so eminently calculated to guard the interests of community by rendering perpetual the evidence of the marriage and family relation. It is to be presumed that similar neglect prevails in other portions of the State. It is to remedy the defects of the law so as hereafter to compel a more general compliance with it, and to couple with it a provision also requiring a careful and faithful registry of all the births and marriages in the State, that the action of the Legislature is now required.

The beneficial result of a uniform and general system of registration of Marriages, Births and Deaths has been fully realized by many

years of experience in several States of the Union. The law has been as strictly and uniformly enforced in such States as any other statute. Wherever it has been longest in operation and most generally enforced, there its advantages are most obvious, and its requirements most popular.

A very natural and laudable desire exists even amongst the citizens of our republican country to known something of their ancestry, and not alone from a feeling of mere curiosity, but often as a matter affecting their material and pecuniary, as well as their moral interests and affections. Questions, too, in this ever-changing age, are constantly arising in communities and families, as to the age of individuals, upon the solution of which, may depend many important interests and rights, political, social and pecuniary, all of which can be easily solved through the information to be procured from an efficient registry. Township officers would also be materially assisted in determining vexatious questions as to the settlement and support of paupers, and would be better enabled to avoid expensive litigation growing out of that subject. The equitable descent and distribution of the estates of intestates would be more certainly secured, and the prompt and more certain identification of individuals, when from similarity of names or other causes, it would otherwise be difficult, would be another important benefit. The progress of population for purposes of political economy, developing the operations of certain fixed laws relative to the subject, could be ascertained and defined at stated periods by the proposed measure.

Considerations equally cogent, would seem to require a similar registration of births and deaths. Statistics of mortality, showing the extent and causes of deaths in different localities, have been demonstrated by the experience of those States and countries where such a law exists, as of the first importance in many respects. In determining whether death in certain cases, results from natural causes or otherwise, whether by disease or violence, murder or accident, it has been frequently found of the greatest moment in the trial of important causes in the courts.

For ascertaining the relative number of deaths occurring in the various sections of this State, and their causes, and by comparing the numbers in certain given localities, eliciting inquiry as to any disparity that may exist, whether it is caused by stagnant water, or a violation of any of the other laws of health, thus suggesting the remedy to be applied for removing disease, an act for registering deaths would be found of great value. Much information would also be elicited as to the influence of occupation upon health, in regard to hereditary taint, such as consumption, scrofula, &c., and would show the urgent necessity of endeavoring to remove such cause when within the reach of medical science; and it would do much, too, to awaken the public to the necessity of preventing the introduction of pestilential diseases, a premonition of which may be afforded by the record of increased deaths from maladies usually accompanying fatal epidemics. Of the facilities it would afford for the collection of information as to the usual and physical causes of mortality with a

view to the use of the necessary means for their eradication or amelioration, we need not speak. This consideration of the subject will suggest itself to the mind of every intelligent man.

Statistics of registration in various European, as well as in those States in which the experiment has been tested, show that both in different localities and different occupations, the difference has been very great in the destruction of human life. They have thus been led to adopt measures for an equalization, so far as the improvement of the sanitary condition of the country can produce that result; and already with the happiest effect by the prolongation of life in a very perceptible degree. A similar system in this State can be made to answer a similar useful purpose, and with an amount of labor and expense quite insignificant, compared with the benefits which would be derived by our citizens in the general improvement of their health and property.

One of the most eminent philanthropists of the age has said that numerous and momentous as are the questions which present themselves for solution at the present day, and urgently as many of them demand our consideration, not one of them can fairly be brought into competition with the great question of sanitary reform. Look at it simply as a question of humanity, and it will not suffer by a comparison with the highest efforts of the philanthropist; regard it as a great act of justice, and it must be acknowledged that here, too, it presents peculiar claims to consideration. Measure it by the rule of man's economy, and it will be found without a rival. View it in its moral relations and re-actions, and we know not if the great question of education will not sink before it. An eminent English statesman has also declared it to be a subject of infinite importance to the security of property—important to ascertain the sanitary state and condition of individuals and communities under various circumstances—important to enable the country to acquire a general knowledge of the state of population.

There are many almost equally weighty reasons that might be urged in favor of a registration of births as well as marriages and deaths. Not the least of these is the facility it would afford in collecting statistics of population, in ascertaining the relative number of births to deaths, and of males to females. To the political economist these are inquiries of much interest, as they are of great importance to society, not it is true, in a pecuniary point of view, but as contributing largely to the fund of human knowledge upon a question that closely concerns its interests in other respects. But this discussion of the subject is so intimately interwoven with the other two, and forms so necessary a part of a system that we will not dwell further upon its advantages.

The publication of the statistics which would be collected by a well matured and rigidly enforced registry law, would serve as an annual lesson on the laws of human life in their operation upon ourselves, a kind of practical physiology taught in all our towns and at every fire-side, far more instructive and impressive than any derived from books, teaching the principles and laws of life developed by our

natural constitution, as actually existing under surrounding influences, and pointing to the means for their improvement and modification.

Your committee therefore submit herewith a bill embodying and intended to carry out these views, and recommend that it be enacted into a law.

METHOD FOR THE DETECTION AND QUANTITATIVE ESTIMATION OF QUININE AND OTHER ALKALOIDS WHEN COMBINED WITH FATTY OILS.—If, for example, the presence of quinine, as well as its quantity in cod-liver oil, have to be determined, agitate strongly a measured quantity of the oil with a solution of sulphate of soda in water, slightly acidulated with sulphuric acid. After the aqueous liquor has separated, by rest, from the oil, separate by means of a pipette rather more than half the aqueous solution employed. Filter this solution to remove a few adhering globules of oil, and then measure off exactly one-half of the quantity of the aqueous solution originally added to the oil. Precipitate the quinine, if present, from this filtered solution by means of caustic soda; slightly wash the precipitate with water, and re-dissolve it in alcohol; filter, and evaporate the filtrate to dryness on a water-bath; the residue will represent one-half of the quantity of quinine present in the quantity of cod-liver oil measured off.

The precipitate obtained from the solution by the caustic soda should be examined by the methods described in the ordinary manuels of chemical analysis, to learn whether it be quinine or not.

The method described for separating quinine from cod-liver oil, is applicable for the separation of other alkaloids when combined with fatty oils.—(Bastick.)—*London Lancet.*

GLYCERINE IN PHTHISIS.—Some of our correspondents have written, requesting us to state *how* we use the glycerine in the treatment of consumption; and as it is almost impossible to find time to answer all the letters addressed to us, we will give the following formulæ. For cases of tubercular disease in its early stage, before the cough is accompanied by much expectoration, we more frequently prescribe:—

℞.	Glycerine - - - - - -	℥ij.	
	Iodide of Potassa - - -	℈j.	
	Sulph. of Morphine - -	2grs.	Mix, and

give one teaspoonful before each meal and at bed-time.

If the disease is further advanced and expectoration more copious, with rapidly-increasing emaciation, we prefer the following:—

R.	Glycerine - - - - -	ounc., ij.	
	Syrup of Iodide of Iron -	ounc., ss.	
	Sulph. Morphine - - -	2grs.	Mix, and

give one teaspoonful every four or six hours.

It is now two years since we commenced using the glycerine in the treatment of phthisis, generally combined it with some preparation of iodine, and just enough morphine to allay cough and promote rest; and we have certainly derived more benefit from it than from any other one remedy.—*N. W. Med. & Surg. Journ.*

THE PENINSULAR

JOURNAL OF MEDICINE

AND THE COLLATERAL SCIENCES.

VOL. IV. JUNE, 1857. NO. XII.

ORIGINAL COMMUNICATIONS.

ARTICLE I.

Proceedings of the Tenth Annual Meeting of the American Medical Association.

As has been our annual custom since the establishment of this journal, we present our readers with a report of the more important proceedings of this great National Body, and we presume no apology will be needed for the space occupied. Although no adequate idea of the interest attending the meetings of the Association, or just view of the subjects presented, or of the individuals presenting them can be conveyed in a report, such as we shall give, yet it cannot be doubted that all our readers interested in the advancement of the profession, will be glad of an opportunity of receiving such an impression as can in this manner be communicated.

The Association met on May 5th, at 11 o'clock A. M. in the Representative Hall of the State Capitol at Nashville, Tenn., the President, Dr. Zina Pitcher, of Michigan, in the Chair, supported by Dr. W. K. Bowling, of Tenn., one of the Vice Presidents. The Secretaries, Dr. Wm. Brodie, of Michigan, and Dr. R. C. Foster, of Tenn, were in their places.

The meeting having been duly organized, the first business in order was stated by the Chair to be the reception of the report of the Committee of Arrangemets.

Dr. C. K Winston, Chairman of the Committee of Arrangements, on behalf of the committee, and of the Medical Profession of the city

generally, extended a sincere and cordial welcome to the members of the Association, in a few pertinent and appropriate remarks, as follows:

Mr. President and Gentlemen of the American Medical Association: This, I believe, is the tenth annual meeting of this Association. As chairman of the Committee of Arrangements and Reception, I am charged with the agreeable duty of welcoming you to the State of Tennessee and the city of Nashville. I only regret that I have not language to express this sentiment with sufficient cordiality. I only add, gentlemen, in common phrase, "You are more than welcome."

You are the representatives of a profession, distinguised alike for its antiquity, its scientific attainments, and its usefulness. It constitutes the true link between science and philanthropy, moral, intellectual and physical. You come from every portion of this glorious republic—from the Kennebec to the Rio Grande—from orange groves and golden sands—from mountains clad in eternal snow, and valleys smiling in perpetual verdure. You come not for purposes of self-aggrandizement or personal ambition, nor yet to advance the schemes of parties or stir up the antipathies of sections. "You know no North, no South, no East no West;" but you come as a company of philanthropists, a band of brethren, that you may pour the acquisitions of another year into a common treasury, kneel side by side at a common altar, and drink the living water as it gushes from a common fountain. You have come to maintain the dignity, to elevate the ensign of a profession, to which you have devoted your lives, and to which you have linked your fortunes.

You are cultivators of a profession eminently progressive, and admitting to the fullest extent the spirit and genius of enterprise. So much may not be so fully said of others. Who could expect at this, or any other day, to embellish the Commentaries of Blackstone, or improve the pleadings of Chittry, or repoise the scales of justice?—Where are the men with commissions never so divine who would attempt to recast the logic which made Felix tremble or adorn the doctrine of justification by faith? Who hopes now to shed additional light in the pathway to the skies, or sing in strains more immortal than the triumphs of the cross? Not so with Medicine, yours is a rising orb—magnificent in its proportions—while others have reached the zenith, yours has but begun to mount the heavens—while others have begun to fade, yours knows not eclipse, nor decline. You revere the names of Hipocrates and Sydenham, of Brown and Cullen, with

a host of others; you treasure up their maxims, and admire the genius with which they struck out the truths, but you acknowledge no *master*, you fall down at the feet of no *Gamaliel*. You have come to the day of free thought, of free investigation, and free speech.—You call in question the most hoary, as well as the most recent fact, and you are daily revealing in floods of light, principles hid from the foundation of the world.

You are eminently the students of nature. While others may be led along dubious paths by mortal pedagogues, your teacher dwells in the realms of eternal light and guides with hand unseen and unerring to essences and first causes. The formative chrystal and germinal dot are alike transparent before you. You are taught the mysteries of the living principles, the scalpel and retort are your companions, while you revel in the wonders of the microscopic world. You understand, somewhat, the laws by which a mote or a mountain is formed, a monad or a man is made. The spear of grass which lifts its head in a distant solitude, the lordly oak and imperial cedar instruct you, while air and earth and sea, with the creeping multitude, yield treasures at your command.

You are the veterans of a thousand battle fields, not of mortal strife where man meets man in sanguinary conflict; but where a secret and impalpable foe—a tyrant who has reigned from Adam till now,—disposes his secret forces and directs their deadly shafts.—When others have turned back affrighted and aghast, you, single-handed and alone, have met "the pestilence which walketh in darkness," and the destruction "which marcheth at noon-day," despoiled them of "the armor wherein they trusted," and have driven them, ignominious, from the field.

Were the victories which you have won, the conquests which you have achieved known, you would be crowned with laurels more unfading than those which entwined the brows of Greek or Roman conquerors.

But more and better than all, you are the lovers of your race, the friends of humanity. Scattered about all over this happy land, you emphatically "go about doing good." Your hearts beat in unison with human woe—your ears are open to the cry of human distress, whether it come from the hovel or palace—you "wipe away the orphan's tear and cause the widow's heart to sing for joy"—upon your heads daily descend "the blessings of those who were ready to perish."

To such a body of men thus actuated, thus coming, we extend a cordial welcome. We feel honored by your presence and expect to be improved, and elevated by your intercourse. We throw wide our doors and invite you to the hospitalities of our homes, and to the kinder affections of our hearts.

Dr. Wilson proposed that the roll of delegates, who had registered their names, should be read. The roll having been called, it appeared that twenty States were represented.

On motion of Dr. C. K. Winston, Drs. Felix Robertson, J. Shelby, and J. Overton were made permanent members of the Association.

The number of delegates who had then registered their names was found to be one hundred and forty-six.

The following comprises the list of delegates found to be present from our own and the more immediately neighboring States, in the order of their registration:

Michigan—A. B. Palmer, L. G. Robinson, Zina Pitcher, Wm. Brodie, L. H. Cobb, M. Gunn, Lewis Davenport.

Illinois.—J. C. H. Hobbs, A. H. Luce, James M. Steel, E. K. Crothers, T. K. Edmiston, W. A. Hillis.

Indiana.—W. H. Byford, W. W. Hitt, Isaac Mendenhall, T Bullard, N. Johnson.

Ohio.—Henry F. Koehne, J. M. Mosgrove, B. S. Brown, D. Ferris, A. W. Munson.

Iowa.—Asa Horr, Wm. Watson, D. L. McGugin, J. C. Hughes.

Wisconsin.—Hays McKinley, J. K. Bartlett.

The President then stated that it was customary to take a recess of fifteen minutes in order that the different State Delegations might appoint a member to serve on the Committee on Nominations, and the Association took a recess accordingly for that purpose.

At the expiration of the recess, the Association was called to order, and the State Delegations then reported their choice respectively, of delegates to serve on the Nominating Committee, which was constituted as follows:

Charles Hooker, Conn.; Adoniram Smalley, N. H.; W. W. Hitt, Ind.; J. K. Bartlett, Wis.; James R. Wood, N. Y.; A. B. Palmer, Mich.; J. S. Moore, Mo.; T. K. Edmiston, Ill.; R. J. Breckinridge, Ky.; F. Grundy McGavock, Ark.; B. S. Brown Ohio; R. W. Gibbs, S. C.; W. P. Reese, Ala.; F. B. Shuford, Miss.; Richard M. Cooper, N. J.; S. O. Scruggs, La.; P. Cassidy, Penn.; Thomas S. Powell, Ga.; J. B. Lindsley, Tenn.; Asa Horr, Iowa.

On motion of Dr. Hooker, of Connecticut, it was resolved that the President, Dr. Pitcher, be now requested to deliver his annual address.

The President then delivered his Annual Address, whereupon, on motion of Dr. Fint, of Ky., the thanks of the Association were unanimously tendered to the President, for his very able and interesting address, and it was referred to the Committee on Publication.

The Chairman of the Committee of Arrangements reported that the sessions of the Association will be held from 9 o'clock A. M. until 1 o'clock P. M.

Judge Catron, of the U. S. Supreme Court, being present, was invited to a seat on the stand.

The Nominating Committee then retired for the purpose of nominating offiers for the ensuing year.

The report of the Committee on Publication being called for, it was read by Dr. Casper Wister, of Pennsylvania, and on motion, was accepted and referred to the Committee on Publication.

Dr. Wister also read his report as Treasurer, which was received and adopted.

On motion of Dr. Flint, of Ky., Dr. R. T. Flemming, of Ky., was admitted a member of the Association by invitation.

The Committee on Prize Essays being called upon to report, requested further time, because of the late hour at which they were handed in, which was granted.

The President informed the Convention that Dr. F. Campbell Stewart, of N. Y., Dr. Alden March, of N. Y., Dr. Isador Gluck, of N. Y., and Dr. Pancoast, of Penn., had been appointed to represent this Association in foreign scientific bodies.

The Committee on Medical Education was called but made no report.

The Committee on Medical Literature was called—no report.

The Committee on Medical Topography and Epidemics being called, a communication from Dr. J. C. Watson, of Maine, was read, asking for further time to make a report, which was granted.

Dr. Arnold, of Ga., offered the following resolution, which was adopted:

Resolved, That the Committee on Nominations be constituted a standing committee during the present session of the Association, to whom shall be referred all business of the Association on which an immediate vote is not required.

Dr. Jas. Mauran, of the Committee on Medical Topography and Epidemics for Rhode Island, being called for, the Secretary read his apology which was accepted.

Dr. Peregrine Wroth, of same committee, for Maryland, sent in his Report, with accompanying reports of Drs. A. M. White and Edmund E. Waters, which were received and referred to the Committee on Publication.

Dr. W. F. Sutton, of same committee, for Kentucky, sent an apology and asked for further time, which was granted.

The members of the same committee for the States of New Hampshire, Vermont, Massachusetts, New York, New Jersey, Pennsylvania, Delaware, Virginia, District of Columbia, South Carolina, North Carolina, Tennessee, Minnesota, being called, no reports were made.

The Delegates from Connecticut and Louisiana being absent, for the time, the consideration of their reports was postponed until to-morrow.

A report from Dr. J. F. Posey, of Georgia, was presented by Dr. Arnold, and subsequently withdrawn by him for the purpose of preparing an abstract of it.

The Committee on Nominations then appeared, and through their Chairman, Dr. J. B. Lindsley, reported the following officers of the Association for the ensuing year, viz:

President—Dr. Paul F. Eve, of Tennessee.

Vice Presidents—R. J. Breckenridge, of Kentucky, J. M. Reese, of New York, W. H. Byford, of Indiana, and Henry F. Campbell, of Georgia.

And on motion of Dr. Arnold, of Georgia, the Report was accepted.

The Chairman stated that the Secretaries will be selected when it is ascertained where the next meeting of the Association will be held.

Dr. Winston, of Pennsylvania, moved that a committee of three be appointed by the President to conduct the newly elected officers to the Chair, which was carried.

The President appointed as such committee, Drs. Wister, Arnold and McGugin.

The President elect being absent, the Association adjourned to meet at 9 o'clock A. M. to-morrow.

Second Day—May 6th.

The Association met pursuant to adjournment. The minutes of yesterday were read and adopted.

The newly elected officers were then inducted to their respective seats.

Dr. Eve, of Tennessee, in taking the Chair, addressed the Association in a few pertinent remarks, as follows:

Gentlemen of the American Medical Association:—It is with deep emotion that I attempt to return you my heart-felt thanks for this distinguished honor. In elevating one so unworthy of this station, so ill-prepared to preside over your deliberations, or carry out the great designs of this body, I must express the apprehension that you have done yourselves injustice, and, it may be, not advanced its best interests. But, believing that this office should neither be sought nor declined, when tendered as it has been, after my State had declined to take any part in the nomination of a presiding officer, I enter upon the discharge of its onerous duties with much diffidence, and shall have frequent occasion to throw myself upon your considerate indulgence.

We are engaged, gentlemen, in a good and noble work. Life, the greatest of human blessings, and health, the sweetest stimulus to earthly enjoyments, are our end and aim. We live to secure the one and to preserve the other. To promote these all important objects, the medical profession of our country have, during the past twelve years annually appointed delegates to assemble and counsel how this may be effected. And we are here to-day on one of these great festive occasions, and, amidst our mutual congratulations, these glorious re-unions of good-will and fellowship among the brotherhood, must not forget that to us is committed the health and lives of others. In maintaining the honor and increasing the usefulness of medical science, we become the best contributors to the welfare and happiness of those around us. You have come up hither from the North and from the South, from the East and from the West, and have done well neither to count the cost nor calculate the sacrifice; for the cause in which you are engaged is worthy of you. You present again the sublime spectacle of brethren from all sections of this widely extended Union, congregated to devise the best means to relieve suffering humanity; and may I not add, we are here with

> "Our souls by love together knit,
> Cemented, mixed in one;
> One hope, one heart, one mind, one voice."

Dr. Winston, of Tennessee, read the names of additional delegates to the Association.

Dr. Hooker, from the Committee on Medical Topography and Epidemics, for the State of Connecticut, being called on for his report, arose and explained that it was his understanding that the committee

were to have three years in which to make their report, and at the end of that time he would either be prepared, or ask the indulgence of the Association for further time.

The President appointed Drs. Curry, Grant and Evans, a Committee on Voluntary Contributions.

The report of Dr. Posey, of Georgia, on the same subject, being called for, Dr. Arnold, of Georgia, read an abstract of the report of Dr. Posey; all of which, on motion of Dr. Palmer, of Michigan, was referred to the Committee on Publication, under a suspension of the rule.

On motion of Dr. Wood, of New York, the reports which were presented yesterday were also referred to the Committee on Publication, under a suspension of the rule.

The State of Ohio being called upon for a Report upon its Medical Topography and Epidemics, the Secretary read an apology from Dr. G. Mendenhall, who asked further time in which to make a report which was granted.

The States of Mississippi, Missouri, Michigan, Illinois, Indiana, Wisconsin, Iowa, California, and U. S. Navy, being called, no response was made.

A telegraphic dispatch from Dr. J. M. Semmes, of New York, who was to report on the Treatment of the Results of Obstructed Labor, was received, and the communication, together with the question of continuing the committee, was referred to the Committee on Nominations.

A communication was received from the Southern Methodist Publishing House, inviting the members of the Association to visit that establishment, which was received and accepted.

A communication was read by Dr. Lindsley, of Tennessee, from the Medical Association of Washington City, inviting the National Association to hold their next annual meeting in that city. On motion, the communication was referred to the Committee on Nominations.

A resolution was offered by Dr. Bartlett, of Wisconsin, tendering a vote of thanks to the late President of the Association, Zina Pitcher, for the able manner in which he has presided over the deliberations of this body, which was unanimously adopted.

The reports of Special Committees for 1856–7 were called for.

Dr. D. Meredith Reese, of New York, in response presented and read, in part, a report "On the Causes and Prevention of Infant Mor-

tality," etc. This paper was very well received by the Association, and was listened to with manifestations of interest by a considerable audience of citizens in the galleries, (as were also most of the proceedings of the meeting,) and was referred to the Committee on Publication.

The reports of various other Special Committees were called for. Some of these committees responded, asking for further time, while from others, there were no responses. The former were referred to the Committee on Nominations. Those Special Committees which were continued as well as the new committees appointed will be found in the report of the Nominating Committee on another page. Those committees from whom no responses were received were stricken from the list.

The venerable Dr. Shelby, of Tennessee, the intimate friend and associate of Gen. Jackson, being present, was invited to a seat on the stand. His appearance was warmly acknowledged.

Dr. Hobbs, of Ill., offered the following resolution:

Resolved, That a Committee on Essays, (not including Prize Essays,) be appointed, to whom all essays prepared by members, for publication by this Association shall be referred, which committee shall transfer to the Committee on Publication, all essays they judge worthy publishing. That said Committee on Essays, make a full report of their proceedings to the next annual session; provided, authors of rejected essays being informed of said rejection, by said committee, shall have the privilege of withdrawing their essays from the report of the committee to the Association.

This resolution was advocated by Dr. Hobbs with considerable warmth, and, after some remarks in opposition to its adoption,

On motion of Dr. Palmer, of Michigan, the resolution was indefinitely postponed.

The Secretary read a protest signed by Drs. Richard Arnold, J. Gordon Harvard, Pike Brown, Geo. P. Padford, against admitting the delegates from Oglethorpe Medical College. After explanations and some discussion,

On motion of Dr. Gunn, of Michigan, the protest was laid on the table, and

On motion of Dr. Palmer, the whole subject of the admission of the delegates from Oglethorpe College was referred to a committee of three to be appointed by the Chair.

Dr. Palmer expressed his desire not to act on that committee; whereupon

Dr. Brodie, of Michigan, moved as an amendment, that no member of the Faculty of a Medical College be appointed upon the Committee, which amendment was accepted by the mover.

The Chairman apppointed as such Committee, Drs. Wister, of Pa.; Bemis, of Ky.; and Gibbes, of S. C.

Dr. Felix Robertson, the oldest physician in Tennessee, being in attendance, was invited to a seat on the stand. He was greeted with marked consideration by the Association.

The calling of Special Committees was resumed.

Further time was asked by some, others made no response, while the following sent in reports:

Dr. A. J. Semmes, of D. C. *On Measures to be Adopted to Remedy the Evils existing in the present Mode of Holding Coroner's Inquests.* Referred to Committee on Publication.

Dr. C. G. Pease, of Wisconsin, had sent a communication but it had not been received. Action postponed. (Was afterwards received and ordered published.)

Dr. Franklin Hinkle, of Penn. On "*Use of Cinchona in Malarious Diseases.*" Referred to Committee on Publication.

Dr. Henry F. Campbell, of Ga. On *Nervous System in Febrile Disease.*" Verbal abstract given. Referred for publication.

Dr. George Sackley, U. S. Army. On "*On Medical Topography and Fauna of Washington Territory.*" Referred for publication.

Dr. James Cooper, New Jersey. On "*The Flora of Washington and Oregon Territories.*" Referred for publicaton.

Dr. T. W. Gordon, Ohio. "*Etiology and Pathology of Epidemic Cholera.*" Partial report. Referred for publication.

Dr. Turner, of La. On "*Medical Topography of Louisiana.*"—Abstract read. Referred for publication.

Dr. Dunglison, of Pa., offered the following resolution, which was unanimously adopted:

Resolved, That in the death of Dr. Grafton, of Miss., the American Medical Association has lost a talented and useful member, and society a benefactor.

Dr. Casper Wister, Chairman of the committee upon the admission of the delegates from Oglethorpe Medical College, reported favorable to their admissiion, which report was adopted.

The Secretary read the following preamble and resolutions, which were unanimously adopted:

Whereas, It has pleased God to remove by death our fellow member, Robert M. Porter, and because of his devotion to the interests of the Profession of Medicine, and his steady support of the American Medical Association,

Resolved, That this Association learned with unfeigned sorrow of his decease; and that they have lost a firm and intelligent supporter, and society a benefactor and friend.

Dr. T. Bullard, of Ind., offered the following:

Resolved, That in the death of Dr. John L. Mothersett, this Association has lost a talented and useful member, and society a benefactor.

The Secretary read a communication from the Connecticut Medical Society, asking that the time for holding the meetings of the Association in the northern cities be changed to a later period in the year.—Referred to the Committee on Nominations with instructions to make a report. Adjourned.

THIRD DAY.

The minutes of yesterday were read and adopted.

Dr. Hoyt, from the Committee of Arrangements, read the names of additional delegates to the Association, who had arrived since the meeting of the Association yesterday.

The Secretary read a communication from Dr. Clark G. Pease, of Wisconsin, which accompanied his report on "*Blending and Conversion of the Types of Fever.*"

Dr. Hooker, of Conn., moved that the report be referred to the Committee on Voluntary Contributions.

The Committee on Voluntary Contributions reported in favor of the publication in the transactions of a paper entitled: *A new Principle of Diagnosis in Dislocations of the Shoulder Joint.* By Dr. L. A. Dugas, of Ga. Illustrated by Photographs.

Dr. Lindsley, from the Nominating Committee, submitted the following report:

Committee on Nominations beg leave to report:

Secretaries—Robert C. Foster, of Tenn.; A. J. Semmes, of Washington City.

Treasurer—Casper Wister, of Philadelphia.

For the next place of meeting, Washington City.

STANDING COMMITTEES.

Committee of Publication.—Francis G. Smith, of Philadelphia, chairman; Caspar Wister, of Philadelphia; R. C. Foster, of Nashville; A. J. Semmes, of Washington City; Samuel L. Hollingsworth, of Philadelphia; Samuel Lewis, of Penn.; H. F. Askew, of Delaware.

Committee on Prize Essays.—Grafton Tyler, of Georgetown, D. C., chairman; J. C. Hall, of D. C.; J. F. May, of D. C.; Thomas Miller, of D. C.; A. J. Semmes, of D. C.; Joshua Riley, of D. C.; W. J. C. Duhamel.

Committee of Arrangements.—Harvey Lindsley, chairman, W. J. C. Duhamel, Cornelius Boyle, P. H. Coolidge, G. M. Dove, A. Y. P. Garnett, Wm. P. Johnston, of D. C.

Committee on Medical Education.—G. W. Norris, of Philadelphia, chairman; A. H. Luce, of Ill.; E. R. Henderson, of S. C.; G. R. Grant, of Tenn.; T. S. Powell, of Ga.

Committee on Medical Literature.—A. B. Palmer, of Detroit, chairman; A. F. Alexander, of Ala.; J. M. Mosgrove, of Ohio; P. Cassidy, of Penn.; S. Pollak, of Missouri.

Vacancies in Committee on Medical Topography and Epidemics.—T. B. Shutard to fill the vacancy caused by the death of Dr. Grafton, of Miss. C. W. Parsons to fill the vacancy caused by resignation of Joseph Mauran, of Rhode Island.

SPECIAL COMMITTEES.

Spontaneous Umbilical Hemorrhage of the newly born—J. Foster, Jenkins, of New York.

Influence of Marriages of Consanguinity upon Offspring.—Dr. Bemiss, of Ky.

Functions of different portions of the Cerebellum.—E. Andrews, of Ill.

Causes of the impulse of the Heart and the agencies which Influence it in health and disease.—J. W. Corson, of New York city.

Treatment of the results of obstructed labor.—J. Marion Sims, of N. Y.

Treatment best adapted to each variety of cataract with the method of operation, place of election, time, age, &c.—Mark Stephenson, of New York.

Human, Animal and Vegetable Parasites.—Jos. Leidy, of Philadelphia.

Best Substitutes for Cinchona and its preparations in the Treatment of Intermittent Fever, &c.—B. B. Woodward, of Ind.

Intimate Structure and Pathology of the Kidney.—Charles E. Isaacs, of N. Y.

Etiology and Pathology of Epidemic Cholera.—T. W. Gordon Georgetown, Broom County, Ohio.

Inflammation of Cervix Uteri.—Henry H. Miller, of Louisville, Ky.

On Milk Sickness.—Dr. W. H. Byford.

Best means of causing an increase of the number of Essays.—Drs. Leidy, Wood, Meigs, of Pa.

Changes produced in Composition and Properties of Milk.—N. S. Davis, of Ill.

Stomatitis Materna.—D. C. McGugin, Iowa.

On Criminal Abortion, with a view to its general suppression.—H. N. Storer, of Boston.

The Committee recommend that the Committees ordered by the adoption of the resolutions accompanying Dr. A. J. Semmes report be filled by the several State Societies.

On motion of Dr. Brodie, amended so as to refer the same to the officers of several State Societies. Carried.

The Committee also recommend the amendment of the third article of the constitution, in relation to *meetings*, by inserting after the words "first Tuesday in May,' the words, *or the first Tuesday in June*, and also by inserting after the words "shall be determined" the words '*with the time of meeting.*'

Special Committee on the present state of science, as regards the Pathology and Therapeutics of the Reproductive Organs of the Female, Dr. Fordyce Barker, of New York.

On Moral Insanity, D. Meredith Reese, of New York.

On Calculi and Diseases of the Urinary Organs, in Iowa, Minnesota and Nebraska.—Dr. J. C. Hughes, of Keokuk.

On the nature, tendency and general treatment of Syphilitic Bubo.—Moses Gunn, of Detroit.

On Medical Education.—(By Dr. Currey's resolution)—Jas. R. Wood, of New York; Geo. R. Grant, Memphis, Tenn.; John Wilson, New York; C. B. Nottingham, Macon, Ga.; Rene La Roche, Philadelphia, Penn.

To fill a vacancy in the Committee on Medical Topography and Epidemics.—Dr. J. L. Cabell, Charlottsville, Va.

On motion of Dr. March, of N. Y., that portion of the report relating to nominations was adopted, and after discussion, by the same mover, that relating to the place of meeting was also adopted.

Dr. Lindsley moved that as the newly elected Secretary was not present, the retiring Secretary, Dr. Brodie, be elected Secretary *pro tempore*, and requested to act during the session. Carried.

By vote of the Association, Dr. J. B. Flint, of Ky., was continued at his request Chairman of a Special Committee on the "*True Position and Value of Operative Surgery, &c.*, and Dr. C. B. Coventry, of New York, on the "*Medical Jurisprudence of Insanity.*"

Dr. Pitcher offered the following:

Resolved, That a Committee of three be appointed, of which the President of the Association shall be Chairman, to communicate with the Surgeon General of

the Army, the chief of the Medical Bureau of the Navy, and the Secretary of the Treasury of the United States, with a view to secure the concurrence of these departments of the Federal government, so that its contributions to the Medical Topography, the Vital Statistics, and the Sanitary Police of the nation may be made tributary to the labors of this Association.

The Chairman appointed as such committee, Drs. Z. Pitcher, of Michigan, and R. H. Coolidge, of Kansas.

The subject of Medical Education was now introduced by Dr. Yandall of Ky., which lead to a lengthy and animated discussion, in which a variety of views were expressed.

The resolution offered by Dr. Yandall was to the effect that the language, contained in a report to the Association by a Committee, published in Vol. 5th of the transactions, but which was not then adopted, be now affirmed as the sentiment of this body.

The following is the paragraph of the report the adoption of which was moved:

The Faculty of every chartered Medical College shall have the privilege of sending two delegates to the Association, *provided* that the said Faculty contain not less than six Professors, who give one course of instruction annually, of not less than sixteen weeks, on Anatomy, Materia Medica, Theory and Practice of Surgery, Midwifery, and Chemistry, and also that the said Faculty requires that its candidates for graduation, among other requisites, shall have attended two full courses of lectures with an interval of not less than six months between them, one of which courses must have been in their institution.

Dr. Breckinridge in the Chair.

Dr. Buchanan, of Tenn., spoke in opposition to the resolution and strongly deprecated the introduction of the subject, fearing the disturbance and excitement it would produce. During his remarks he said that the schools generally were in the habit of violating their own rules in regard to graduation, and that the adoption of stringent rules regarding their admission in the Association would, if carried out, exclude the whole.

Dr. Boring, of Ga., offered the following resolutions as a substitute for Dr. Yandall's, which he proceeded very deliberately to discuss:

Resolved, That this Association has not the power to control the subject of Medical Education.

Resolved, That the great objects of this Association are the advancement of Medical Science, and the promotion of harmony in the profession.

Resolved, That the attempt upon the part of this body, to regulate Medical Education, having most signally failed in its object, and already introduced elements of discord, any further interference with this subject would not only be useless, but calculated to disturb and distract the deliberations of the Association.

Dr. Currey offered the following resolutions in lieu of the whole subject:

Whereas, The subject of Medical Education has been committed at each annual Session to Standing Committees, and various suggestions have been proposed which the Association has adopted, and recommended to private instructors and to the Medical Colleges.

Resolved, That a Committee of five be appointed by the Committee on Nominations, as a Special Committee, to be composed of members who are in no respect connected with any Medical School, to devise *a System of Medical Instruction*, to be presented for the consideration of this Association at its annual Session in 1858.

Resolved, That the proposed system shall set forth a uniform basis, upon which our Medical Institutions shall be organized as well as have reference to the best mode of securing the Preparatory Medical Instruction to the Student, and that consequently the legitimate subjects to be embraced in said system will include Primary Medical Schools—the number of Professorships in Medical Colleges, the length and number of terms during the year, the requisite qualifications for graduation, and such other subjects of a general character as to give uniformity to our Medical System, and preserve harmony and friendly intercourse in the ranks of the profession.

Resolved, That, upon the adoption of the proposed system by the Association, all Institutions which may conform to it shall be entitled to representation at the Annual Sessions of this Association and none others.

Among others, Dr. Reese of New York obtained the floor and spoke at considerable length.

He questioned the statements of Dr. Buchanan as to the laxity of the schools in complying with their regulations, and showed that in opposition to the views of Dr. Boring, the object which led to the formation of the Association was the improvement of Medical Education and the regulation of the schools—and that, if we could not compel them to follow our directions, we had the power to choose our own company, and exclude from this body those who did not comply with its rules. He thought, however, that in the Medical Journals was the better place to discuss these subjects, and moved their indefinite postponement. This motion he however subsequently withdrew.

Dr. J. R. Wood, of New York, also spoke at considerable length, exposing the low standard in many of the schools for the degree of M. D., and stated that as one of the examiners for admission of House Surgeons into Bellvue Hospital he had found the most shameful ignorance to exist among some graduates of schools calling themselves respectable. One such graduate had told him that the dose of *Prussic Acid was one dram*—another that the dose of Corrosive Sublimate was one *drop;* while asking another to write a prescription for a diaphoretic, he wrote "A bundle of Herbs" without specifying kind or amount.

Dr. Means of Ga. spoke at length in defence of those schools

which had summer courses of lectures, and opposed the resolution of Dr. Yandall. While very fluent in his delivery and even eloquent in many of his sentences, manifesting a warm heart and glowing imagination, his style was better adapted to the platform than to the floor of a deliberative body discussing specific questions such as were pending.

Dr. Hooker of Conn. spoke strongly of the laxity on the part of some of the schools as to the conditions of graduation, and moved the previous question on Dr. Curry's resolutions.

Dr. Boring proposed to withdraw his resolutions, but his proposition was decided out of order as they had become the property of the Association. The previous question was sustained, and Dr. Curry's resolutions were passed.

Dr. Bowling, Chairman of the Committee on Prize Essays, submitted the report of said Committee as follows:

The Committee on Prize Essays report that four essays have been received, each possessing great merit.

The Committee selected the following two essays for the two prizes, provided for at the last meeting of this Association.

1st. One entitled "The Excreto-Secretory System of Nerves. Its relations to Physiology and Pathology," with the following motto:

"*Observation becomes Experiment when used in severe processes of Induction,*" and signed, Henry Fraser Campbell, Georgia.

2nd. "Experimental researches relative to the Nutrition, Value and Physiological Effects of Albumen, Starch and Gum when singly and exclusively used as food," with the following motto:

Quum sequimur? quove in jubes? ubi ponere sedis?

Da pater augurium, atque animis illabere nostris!" and signed, William A. Hammond, M. D., Assist. Surgeon, U. S. Army.

The President read an invitation to the members of the Association to visit the University of Nashville, in its Military, Literary, and Medical Departments.

The Committee on Voluntary Contributions reported in favor of the publication in the transactions of the Association of the following paper: "On the Blending and Conversion of Types in Fever. By C. S. Pease, M. D., of Wisconsin. The report was adopted.

Dr. McMurray offered the following resolution which was adopted:

Resolved, By this Association, that the Committee on Publications be instructed to append the Code of Ethics of the American Medical Association to each volume of its present and future Annual Transactions.

The amendments to the Constitution prepared by Dr. Stocker, of Pa., at the last Annual Session, were taken up and laid on the table.

Dr. Lindsley offered the following amendment to the Constitution, which was seconded by Dr. Gunn: "In Art. II., omit the words 'Medical Colleges;' and also the words 'The "Faculty of every regularly constituted Medical College, or chartered School of Medicine, shall have the privilege of sending two delegates.'"

The amendment lies over until the next meeting of the Association, under a rule of the organization.

On motion of Dr. Palmer, the resolutions reported at the last Annual meeting of the Association by the Committee on Plans of Organization for State and County Medical Societies, were taken up and adopted.

Dr. Pitcher offered the following:

Resolved, That the members of this Association, as recipients of the cordial generous and elegant hospitalities extended to them by the profession and the citizens of Nashville, in placing on record an expression of thanks for the social amenities they have enjoyed during the tenth annual session, wish also to leave behind them the assurance, that the recollection of their short sojourn in Tennessee, will be cherished as dearly as the remembrance of the far off sound of water, by the exhausted and way-worn traveler.

Dr. Wood, of New York, seconded the resolution, and spoke in glowing terms of the abundant hospitality and fervent kindness which had on every hand been so generously tendered. He seemed to think that New York could not surpass, if equal, Nashville in these respects.

Dr. Palmer also supported the resolution and bore testimony as from the North West, to the extreme kindness and assiduous and delicate hospitalities which had been so freely bestowed. Though the people of his region were, he hoped, not less warm in their affections, or generous in their impulses, they were too much occupied in other matters—in developing a new country and establishing new emporiums of commerce and intelligence, to have learned so fully the art of hospitality, or to have acquired such skill and delicacy in the bestowment of attentions. Those who were at the meeting at Detroit know something of the desire to please there manifested; and should the Association ever visit Chicago or any other portion of the North West, they would, he hoped, find as warm hearts, though they might not find as skilful hands as had here ministered to our entertainment.

The resolution of Dr. Pitcher was unanimously adopted.

The following resolutions were also adopted:

By Dr. Means—

Resolved, That the earnest thanks of this body be presented to the authorities of the State and City, who have tendered this magnificent State Capitol for their sittings, the present session.

By Dr. Currey—

Resolved, That the thanks of the Association be tendered to the Reporters of the City Press, for the accuracy and promptness with which they have reported the proceedings of the Association, and to the Publishers, for the liberal supply of their morning papers during the Session of the Association.

By Dr. Wister—

Resolved, That the thanks of this meeting be presented to Dr. Wm. Brodie, for the efficiency with which he has discharged his duties as Secretary.

By Dr. Byford—

Resolved, That the State and County Societies throughout the Union be requested to recommend to their members to purchase the Transactions of the American Medical Association, and that their officers act as agents for the same.

On motion of Dr. Gunn, of Michigan, the Association recognized the presentation of a pamphlet by Henry Frazer Campbell, M.D., claiming "Priority in the Discovery and naming of the Excito-Secretory System of Nerves."

On motion of Dr. Byford, the Association then adjourned *sine die*.

Address of Zina Pitcher, M. D., President of the American Medical Association,

Delivered on the occasion of the Meeting of the Association in Nashville, May 5th, 1857.

Assembled as we are here, under the auspices of the medical profession in Tennessee; meeting in presence of the citizens of this beautiful city, honored by representatives from that better part of our creation, who, like the Amarnt of Milton, throw their shadows and shed their fragrance o'er the waters of the fount of life; coming as we have in considerable numbers from distant portions of the United States, abandoning for the time being our private engagements, and encountering on our way hither the hazards incident to velocity in locomotion, as if only to enjoy the social amenities and the pleasures of professional re-union, these two questions naturally arise in the minds of those who are merely witnesses of the spectacle presented by our assemblage.

"For what purpose is this convocation of physicians?"

"What is there in the nature of their particular pursuit which prompts them thus to relinquish its rewards, to forego the endearments of home, when there is no visible manifestation on their part, of a design to promote those objects which center in self-interest, to advance the purposes of sectarian ambition or political partisanship?"

In the fulfilment of a duty incident to the position which I have had the honor to hold for the past year, a year full of pleasant recollections to myself, I shall, whilst designing in brevity to follow the

example of my honored predecessors, attempt an explanation of the phenomenon we may be supposed to present to the mind of an intelligent, but uninitiated observer.

Before entering upon the task I have assigned to myself, I beg you to indulge me one moment, in repeating to the Association my assurances of gratitude for the distinction I have received at its hands, and for the personal manifestations of confidence and the acts of courtesy I have received from many of the individual members, the recollections of which will linger in my memory and lessen the consciousness of my weight of years, on the remainder of my journey down the declivity of life.

The objects for which the Association was formed will ever enlist my warmest sympathies and command my active co-operation. I congratulate you on the happy circumstances by which this anniversary meeting is attended, on the evidences of vigor and the promises of longevity which this Association derives from its annual migrations. God grant that its existence may be prolonged by these annual renewals of its vitality, so long as there are evils for it to reform, or works of beneficence for it to accomplish.

To do what I have proposed satisfactorily to myself, would involve the necessity of showing the relation which medicine has held to the civil authority, to the ecclesiastical power and to the social condition of the people for all time antecedent to the date of this organization. This review would also lead us to consider the relation which free governments bear to letters, to science and the arts; a field too large for us to occupy on the present occasion. We shall endeavor, without attempting all this, to present to your view the condition of the profession at the time this organization sprang out of the antecedent chaos, the cause or causes of that condition; whether inherent and incurable, or whether arising from intrinsic circumstances, which may be remedied, and whether this remedy is to be found in public authority, or sought for in associated professional influence.

We remark first, that one great and immutable law governs all the works of creation. It is typified in the individual mind—in our corporeal functions—in the movements of the race—and in the revolutions of the heavenly hosts,—all are subject to this law of periodicity, and this alternation of condition manifests itself even in the domain of disease. We have seasons of activity and repose in the natural as in the moral world; periods of illumination and obscurity—of activity and of rest: in the one case, producing day and night, winter and summer, and in the other, those alternations of

social condition which have been spoken of at one time as the Athenian age, at another as the age of darkness, literally a long and profound intellectual eclipse, to which has succeeded the active era of mental excitement and of material progress in which we live, by which we are moved, the sun of which appears not yet to have reached its point of culmination.

In all the struggles which have marked the conflicts between truth and error, ignorance and knowledge, medicine has always taken a conspicuous part, having ever been a faithful auxiliary, when not itself a leading element in every effort made to elevate and improve the condition of mankind, at one time allied to sacerdotal authority, as an indweller of the temples, and at another, incorporated into the body politic, or rather engrafted upon the tree of State.

In the earlier stages of civil advancement, in all those territories once composing the eastern and western empires, as is the case now in Europe, where certain forms of government exist, the sovereign authority prescribed the modes of worship, the forms of law and the requirements of medical practitioners. Unless the vigorous conservatism of these existing European governments is relaxed by the caprice of vain and foolish princes, at the suggestion of wicked men or misguided women, the right to exercise the functions of the physician is only conferred on the most satisfactory proof of indefatigable culture. And in the earlier pages of our own national history, we find the foot-prints of our European ancestors in the records of those salutary laws made for similar purposes, and transmitted to us by our political progenitors.

But in the process of time, when our form of government was changed, when the repository of sovereignty became inverted, when the power of the State passed from the few to the many, when the State became nothing and the citizens all in all, when this segregation of the sovereign power was rendered complete by the absolute freedom of the elective franchise in many of the States, then our art ceased to have a party in the commonwealth, as the law which became the exponent of this new opinion, the expression of the popular intelligence, effaced from the public record all legal traces of distinction between the physician and the hypocritical pretender.

When these ancient legal incentives to study were withdrawn, a new class of men, unprepared by mental discipline, rushed into the professional arena, bearing down by their numercial force the few remaining barriers which society was disposed to defend, notwithstanding the abrogation of law.

The political revolution which separated the American colonies from the British crown, by loosening the connection between the Church and the State, insensibly led the way to the more complete separation of medicine from governmental control and political dependence. These manifestations of popular absolutism, which swept away the prerogatives of the clerical and medical professions, threatening to involve the law in the same unchartered equality, were the remote causes of the professional abasement we had then reached, a humiliating consciousness of which aroused its members, who in the hope of reinstating its departed dignity, formed this Association.

Whatever effect this unrestricted distribution of political power through all ranks of society, may have had upon the social body, it is not our business to enquire, as ours is not a political institution, but of its immediate influence in reducing medicine to a state of degradation, there is no reason for doubting the fact nor the propriety of this exposition, for with physicians, etiology is often a key to diagnosis, and without a true pathology, there is neither safety nor certainty in the therapeutics.

In treating of medicine in its social and political relations, it is not my design, as I have no wish, even if the power were inherent, to change our organization, or to advise an essential departure from our plans of operation. I have presented the subject in this light more for the purpose of reviving the courage of members who may have begun to despair of success, because the objects we set out to accomplish, have not been at once achieved.

Time must be given for results to mature, as all social institutions are of slow growth. Those who clothe and feed the members of the profession, must become imbibed with a sense of their importance and the necessity for their advancement, as a means of promoting the public good, else their cooperation cannot be secured. Hence our duty of endeavoring to move the social body and all its dependencies, like the horses of a Grecian Chariot all abreast, striving at the same time to shield ourselves against the propensity inseparable from the absolutism of a pure democracy, to hedge down every object that raises its head above the surrounding social level.

We have stated with general accuracy, but perhaps not with strict regard to literal historic truth, that this Association was formed to repair the evils resulting from the dissevered relation of medicine to the State authority. Whatever formula we use in expressing the idea, or by whatever rationale we explain our conception of the evils said to exist, for which it was designed to furnish the remedy, the re-

cords show that its mission was to reform the medical schools of the United States, and to improve the preparatory education of students of medicine.

The development of organic bodies depends upon the ingestion and assimilation of extraneous materials. If the same law regulates the growth of institutions, it becomes a matter of some interest to enquire whether the schools are an out-growth of the profession, or whether the profession is the product of the schools, for in either case, there is a labor for us to perform, and the answer to this question determines the place of beginning.

Lest a doubt might arise as to the correctness of the opinion, we wish to impress upon the professional mind, that society itself, and not we alone, are amenable to censure for the abasement to which the profession of medicine had descended at the date of our associated existence, let us for a moment look into the records of the past, to see whether we cannot find an antecedent era, in which the world has been subjected to similar moral cataclysms, by which ancient institutions were broken up, their materials converted into drift, to lay the foundations of newer and more horizontal strata, from which we may draw lessons of wisdom applicable to our own time and our own condition.

We believe that there is no period of ancient history into which that of our art is intimately interwoven, presenting more analogies to our own, and at the same time, so distinctly marked by strong antitheses, as that which intervened between the death of the Savior and the birth of Mohammed, when for more than five hundred years, a mighty struggle was going on between that Divine Word, "who lighteth every man which cometh into the world," the spirit of the Judean religion and the majesty of the Roman Empire, the latter aided by a fascinating philosophy, made beautiful by the æsthetics of Longinus, each striving for the possession of the human race.

Whilst the Empire thus labored to throw its Upas shadow over the infant church, a social disintegration of castes, owing to these struggles and the irruption of barbarian hosts from the north, took place, and a consequent universal fusion of the races, languages and customs, producing an excitation of thought, and a blending of people analogous to the social fusion and the blending of types of disease, which we see daily taking place in our own time and in our country. The minds of men thus cut loose from their ancient fastenings, sought new affinities, arranged themselves in accordance with those affinities into new forms, many of whom wandered into unexplored

paths, hoping without the aid of a Divine guide to ascertain their relation to the unseen.

Thus also did the members of our own profession wander into untried and forbidden paths, in pursuit of the ideal, up to the time this Association was formed. A faithful picture of the last century of this historic period, presents the deepest contrasts of light and shadow that can be portrayed in a single work of art. The darkest hue of vice being drawn in the same pannel with the purest tints of virtue. The church, young and vigorous, being soiled by its contact with a paganism inexpressively wicked, against which it waged a war, unmitigated by acts of mercy.

The outbreaks of emancipated human thought which occurred at each of these epochs have had their use: have produced their fruits—late in arriving at maturity it is true—and especially so will it be with the germs that are scattered in the midst of the confusion of our own times. An abiding faith, that good seed, in spite of the tares that may choke it, or the birds that may devour it by the wayside, will spring up and produce fruit in good season, has led me into this historical retrospect.

During the period to which we have alluded just sufficiently to show what forces disturbed and broke up the ancient civilization, we find on closer examination, that the laws of the Empire relating to medicine, though unrepealed, were not enforced.

These laws made it the duty of the provincial governors to send the youth, subject to their jurisdiction, up to the city magistrates, where they were required to submit to the most rigid system of surveillance by the municipal authorities, their conduct as students, their deportment as citizens, being subjects of official scrutiny. The medical pupils under the training of the Archiatres, or State physicians, were fitted for the performance of their duties in either the wards of the cities or in towns or villages, whither they were sent by imperial authority, on the requisition of the inhabitants, who paid for their services a stipulated price.

Notwithstanding these requirements of law were left unrepealed, the new opinions which had got possession of the popular mind, being more powerful than statutes, when enforced by the Perabolani, a body of religious medical enthusiasts, and various other pretenders, who, impelled by the spirit which animates a people having just been taught to exercise the privilege of judging in matters of faith, became presumptuous in matters of science, and by applying this newly acquired right of action to medicine, having numerical stength, they

overrode the prerogatives of caste, and trampled under foot the wisdom of all preceding ages.

Whilst these conflicts of opinion were being carried on in an age that produced an Athanasius, a Jerome, a Chrysostom, and an Augustine, and a system of Christian ethics which absorbed into itself all that was valuable in the philosophies of Greece and Egypt, medicine acquired celebrity from such names as Cæsarius, who became an Archiater palatinus, Oribasius, whose works remain as monuments of his genius and proofs of his culture; Ætius, Alexander of Tralles, and Paulus Egineta, scarcely inferior in reputation to the father of medicine himself. The lustre of these names seems but the more expressively to mark the twilight of that night destined thence to brood over Europe, whilst the materials of the ancient civilization, broken into fragments by a rude and vigorous barbarism, were slowly wearing away the characteristics of the conquering hordes, and preparing the way for its reappearance in new forms, through the instrumentality of the Free Cities and the feudal institutions of Europe.

During this general eclipse of letters, its occultation continuing till the art of printing was invented, we have had furnished to us an opportunity of seeing how inadequate statues alone are to the development of institutions, and how impotent they are, even when aided by professional co-operation, to resist the obstacles interposed by an adverse public opinion.

If our design has been accomplished, we have shown that the work of medical regeneration is to be commenced by the profession, whose success is made dependent upon an intelligent concurrence of the popular judgment. But it must be remembered, that, in attempting to bring about essential changes in social life, in public policy, or in the constitutional relations of the different States, by whose happy form of union we are permitted to meet here to-day as fellow-citizens of a common country, we must keep in mind this fact, that all organic nature is developed from embryonic existences—that all great changes in opinion have had their origin in germs, planted long antecedent to the production of fruit, and that advances in science and improvements in the method of its application to art. have also had their seed time, their period of growth, and must ever have their day of fruition.

History is filled with exemplifications of the truth of this remark and of evidences of the perpetuity of this law. The first step toward the construction of the trans-Atlantic Telegraph was taken by Volta, when he formed the Voltaic pile—the next was the formation of the

Galvanic Battery. These inventions were followed by the discovery that soft iron becomes a magnet when subjected to the action of an electrical current and resumes its normal condition as soon as the current is withdrawn. Then it was proved that the magnetic action of a current of electricity is not lessened in intensity by passing through a long wire. Out of these antecedents, by the help of Grove's permanent battery, the Magnetic Telegraph was developed and the art of magnetic printing evolved.

But for the researches of Vesalius, who had traced out the course of the lacteals, the discovery of Harvey of the circulation of the blood might have been a long time postponed.

Notwithstanding the perennial influence of those causes to which we have ascribed the tendency to professional abasement we have met here to arrest and counteract, there is in the condition of things by which we are surrounded, much to inspire us with confidence and to stimulate us to exertion.

We have not now, as did those who lived in the time of our historic analogue, to resist the pressure caused by the debris of an effete culture.

We have not to contend against the influence of those monstrous forms of superstition which grew out of the conjunction of Christianity, when defiled by a co-partnership with the civil power, and the decaying institutions of its Pagan predecessor, when a phase of credulity was developed which would sanction the administration of the contents of a mummy case, in preference to the kreasote evolved in the process of the manufacture of mummy, once an article of Egyptian commerce.

Those political causes to which we have alluded as tending to diminish the distance between our pre-existing social extremes, whereby the medical profession lost its claim to legislative protection, have already produced the signs of a growing national homogeneity, by fusing and re-casting into an American mould the various elements of which the nation is composed.

Among these materials, so readily amalgamated, which by their youth, energy and plasticity, give us our national character and national manners, there are some which need to be brought under the hammer of the forge, as well as the heat of the furnace, before they can be welded into the social mass. I allude to a class of men, wearing ecclesiastical habiliments, who have not wisdom enough to comprehend that the professions are the growths of civilization, developed by the wants and necessities of society, each one having its part to

act in the drama of life; nor that degree of self-respect, which would prompt men, not claiming to be divinely called, to avoid the contact of things proclaimed to be unclean.

When I speak of this class, I do not mean the great body of American clergy—men who, instead of practicing a heterodox medicine, both practice and preach the precepts of their Divine Master as things which appertain to man's social and everlasting peace. But I mean a class, who, as if blinded by the sting of some moral scorpion, like the great adversary of the Philistines, are ready to pull down the pillars of the temple, regardless of the ruin impending, whether that ruin involve a simple social element or the integrity of the national fabric.

Having, then, in our favor the vigor and impressibility of a new people, the resources of a new and rapidly developed country, the intelligence of a self-governing population, the augmentations of that intelligence by the unrestricted importations of learned works and the immigration of cultivated strangers, and the propulson derived from a free and active press, we have a right to expect success. With such auxiliaries, by a persistent assiduity on our part, we shall at some future day enjoy the happiness of seeing our labors crowned with the pageant of brilliant triumph.

The one thing already achieved, in the adoption and enforcement of the code of medical ethics, is worthy, of commemoration by the observance of an annual holiday. Till that was done we had suffered more from quackery within the profession than from irregularities without. Now that order of things is reversed.

From a survey, even of the surface of society, we learn how soon the knowledge derived from medical sources strikes its roots into the popular soil. Take as an example the subject of organic chemistry, and we shall see how rapidly its principles are passing into the stock of general intelligence. The numbers are daily on the increase, in every community, of those persons who know the necessity of nitrogenous articles of diet when repairs are to be made in the fibrous and areolar tissue, and how important an agency the carbo hydrogens are supposed to exert, by increasing combustion in the removal of certain morbid conditions of the lungs. In this way, the mutual relations of the profession to the people are made apparent. The instruction communicated by the scientific physician to the community is refunded to him in the increased capacity of the people to appreciate his worth.

We have spoken of the professions as the products of a general culture, to which, in our country, they must of necessity bear a fixed and definite relation, and of the reciprocal influences they and the society out of which they spring, exert upon each other. We have shown in a single example by what apparently simple gradations in scientific discovery, men are led to great practical results. As an incentive to industry, and as a reason for confidence in slow but certain success, we will detain you one moment longer, in a hasty sketch of the materials for thought that arise out of the contemplation of the field of nature, such a scene being as suggestive of thought and as full of instruction, as the examples furnished by the achievements of art.

In adjusting our telescope, to study the features of some snow-clad mountain, the organ of vision perhaps takes in the form of an enterprising explorer, whose feet, still sparkling with ice as he descends from its summit, will crush out the fragrance of the plants which spring up to greet him as he walks downwards into the valley of flowers. From the eminence attained by his enterprise he could trace the course, and measure the elevation of the mountain chains, which give origin and direction to the rivers, effect the commerce, the languages and migrations of men, fix the character of the vegetation, the abode of its mammalia, and the habits of its population.

Subsidiary to the interest excited by this scene as a landscape, but not subordinate in importance, lies the geographical formation of the ranges which contain their mineral productions, give character to their fountains and increase to the variety and beauty of the vegetation, both on the slope of the mountains and in the valleys below.

Although a scene like this may excite emotion in the bosom of a savage, and awaken a sentiment of adoration for the majesty and power which can give such grandeur to nature, and even pass from the mind of an ordinary observer without any other expenditure of thought, yet to master it as a subject of scientific study would require a preparatory knowledge of what it contained in the writings of Werner and Hutton and Miller on Geology, of Cuvier and Buckland on Palæontology, of Geoffrey St. Hillaire and Agassiz on the races of men and the migration of Animals, of M. Balbi on Ethnography, and of Linnæus and De Candolle and Torrey and Gray on Botany. And to condense the whole into the compass of the "Cosmos" would require the genius and longevity of a Humboldt.

Looking to this body as an instrument for the diffusion of knowledge and the cultivation of a professional esprit de corps, there is little left for us to do, but to declare the perpetuity of this Associa-

tion, and renew our vows of fidelity to the requirements of its constitution.

In this proclamation and in these vows are involved the pledges, that in our professional acts we will honor the principles of moral law, which lie at the foundation of our code of Medical Ethics. That we will use our individual influence, and so try to direct the power of this Association, as to secure a higher mental culture to medical students and candidates for medical honors. When this is accomplished, the medical schools will rise in character as a correlative effect, and the profession establish for itself a legitimate claim to public confidence and popular esteem. Our custom of meeting in each successive year, in a different State of the Union, prevents the decay of the body, by the introduction of new material; and we illustrate in this way the doctrine of Zymotic assimilation by the rapid incorporation of these new elements into the common mass. Another custom of the Association has done much to bind it to the individual States, that of shedding its honors upon the profession of the State in which the meetings are held, through which we hope to secure the sympathies of the people, and enlist them as allies in the warfare we are engaged in, against the hosts of ignorance.

A departure from the established usage of the Association, in either of these particulars, would mark the date of its decline both in vital force and mental vigor. Any restriction put upon its freedom of motion, or attempt made to centralize its influence, would enstamp it with the seal of decay.

But if the avenues to material success are so direct and brilliant, that the talent of the country is tempted to take the shorter road to wealth, whereby we fail in our attempt to lay the foundation of a national medical literature, in holding up a higher exemplar to the medical student, by teaching him the necessity of a thorough preparatory discipline before commencing professional studies, and urging him by the force of opinion, to master the elements of his profession before assuming the responsibilities which attach to the discharge of its duties, we may yet in one way leave our traces upon the national character and our foot-prints on the national history, in the hallowing of one day in our annual calendar, on the recurrence of which, we may leave, by the example of our patriotism, the stamp of nationality; in bringing to our shrine no sectional passions, and so conducting our proceedings that brilliant memories shall adorn our annals, the names of our celebrities shall be embalmed as national benefactors, and the

anniversaries of this Association, in honor of their services, shall form by popular consent, one of the holidays of this glorious Republic.

Often in the crises of sectional commotion, the moral necessity of a common shrine, a national feast, a place, a time, or a memory sacred to fraternal sympathies and general observance, appals the patriotic heart with regret, or warms it with desire! Were such a nucleus for popular enthusiasm, such a goal for a nation's pilgrimage, such a day for reciprocal gratulation our own—a time when the oath of fealty could be renewed at the same altar, the voice of encouragement be echoed from every section of the confederacy, the memory of what has been, the appreciation of what is, and the hope of what may be, simultaneously felt, what a bond of union, a motive of forbearance, and pledge of nationality would be secured!"

By the blessing of the Divine Founder of our holy religion, who, nineteen hundred years ago, went up to Jerusalem with his disciples to celebrate a national feast, may the proceedings, of this body be so overruled, that the recollections of this meeting at Nashville to-day, when softened by the "moonlight of memory," may become a hallowed event in the annals of our yearly migration.

ARTICLE II.

Case of Separation of the Symphysis during Parturition.

BY JOHN L. NIMUKENS, M. D.

SALEM, Kalamazoo Co., Mich.

On the 10th of March last, I was called to visit Mrs. M., aged 39, whom I found in labor with her fifth child, and as there are some circumstances of interest connected with this case, I beg leave to lay them before the medical profession through the columns of your valuable journal. Mrs. M., when in the second month of pregnancy, after pressing in a drawer with her foot, felt considerable pain in the lower part of the abdomen, greatly increased by evey change of posture, and along with this she complained of strangury. She was bled and purged, and kept at rest, by which means, especially the latter, she grew better. But in the two latter months of pregnancy, the symptoms were renewed, so that presently she could neither walk, nor even turn in bed, without great pain: but her greatest suffering was caused by raising the legs to pull on her stockings, as then the bones were more powerfully acted on. A slight degree of hectic

fever now appeared. Her delivery was accomplished easily; but on the evening of the third day, when straining at stool, after having received an injection, the pain, which had troubled her little since her labor returned with as much severity as ever. On the fifth day, the pulse was very weak and frequent. She sweated profusely, and had a wildness in her countenance, with symptoms of approaching delirium. In the afternoon, the pulse became full and tense, with vertigo and throbbing of the arteries of the head. The pain at the symphysis was excruciating, and, although she was fomented, and bled seven times, she obtained no relief. On the eighth day, the pain abated, but diffused itself over the rest of the pelvis, particularly affecting the left hip and the sacrum. On the eleventh day, she died.

On opening the body, there was found a separation of the bones at the pelvis, but the capsule was entire, and much distended. It contained about an ounce and a half of matter. Whether the timely evacuation of this matter might have saved the patient, is a question worth consideration. I am disposed to answer it in the affirmative; but in justice to myself, owing to the easy labor of the patint, I did not suspect a separation of the pelvis. Her pains during the early months of gestation, I considered of a neuralgic character, and I cannot now believe that they could have been produced by a separation of the symphysis at that time; or, in other words, that a separation could then have taken place. I throw out the facts in this, to me singular, case, hoping that some one more capable than myself will answer the question, if the slight injury the patient received during the second month, had anything to do with the separation of the symphysis, as found at the postmortem examination.

Respectfully yours, JOHN L. NIMUKENS.

Salem, May 7th, 1857.

AMPUTATION AT THE HIP-JOINT.—Dr. Geo. C. Blackman records in the *Western Lancet* a case of osteo-cephaloma of the femur, involving two-thirds of the shaft of the bone, in which he performed amputation at the hip-joint. At the date of the report, fifty-four weeks after the operation, there were two or three fistulous openings, probably communicating with the cotyloid cavity; but no appearance, *as yet*, of a return of the disease.—*Am. Journal of Medical Science.*

ARTICLE III.

To the Peninsular Journal.

Contractility of the Vessels in the Hare's Ear.

BY M. VULPIAN.

Translated by A. Sager, Prof. of Physiology in the University of Mich.

When the ear of the hare is examined by transmitted light, a great number of vessels is distinctly seen. Near the centre an artery and a vein are found which traverse the organ almost completely from the base to the summit. United near the base of the ear, these vessels separate near the middle of the organ. Near its summit, the artery divides into two main branches, which again divide and subdivide into minute ramuscules. Besides the central vein, there are also found two marginal ones. The communication between these two orders of vessels is effected not only by the usual capillary channels, but also more immediately by vessels of a larger size.

These vessels which are easily observed have been made subjects of study by many physiologists. The experiments of Hunter on the inflammation which supervenes when the frozen ears of a hare have been rapidly thawed are well known; the beautiful discoveries of C. Bernard upon the influence of section of the sympathetic, on the temperature of parts have again awakened attention to these vessels, and especially to their contractility. The dilatation which follows the section of the sympathetic in the neck, may be assumed to depend upon a paralysis of the walls of the vessels; but when, as in the experiments of Bernard, Brown Sequard, Waller and others, we see the calibre of the vessels diminished even to complete obliteration upon the application of electricity to the proximal end of the divided nerve, it is quite impossible to deny them the property of contractility.

Since that period, Schiff has made a new and very interesting discovery. He has announced that the central artery of the ear of the hare exhibits a rhythmical movement quite independently of that of the heart, and hences denominates it *an accessory arterial heart.* This fact furnishes the most decisive evidence of the contractility of the aural artery.

M. Schiff has also carefully studied the conditions of this rhythmical motion of the artery. The greater part of the results which he has obtained I have also been able to verify. The artery, as he states, is at first nearly or quite empty; soon it is seen as a rapidly enlarging red line, and, simultaneously, many small vessels before in-

visible, become apparent. After the vessel has dilated for some time, it begins to contract again, and is soon reduced to its original size; these phenomena are then again repeated. The average number of these movements is about four or five per minute, the extremes varying from two to eleven.

Quite analogous to these independent arterial movements in the ear of the hare are the phenomena observed by Wharton Jones, in the veins of the bat's wing. These, too, were seen to present a rhythmical motion, while the artery appeared to be quite devoid of this power. Of the same character also appear to be the rhythmical movements which, according to Davy and Duvernoy, take place in the axillary arteries of the torpedo and chimera, likewise in the bulbus arteriosus of frogs and fishes, (these accessory arterial hearts possess the transversely striated muscular fibre;) the rhythmical motion of several veins of frogs, according to Flourens; and that of the venous heart of the tail of the eel, described by M. Hall. The arteries *alone* in the ear of the hare are endowed with this power, the veins present their ordinary and uniform character throughout the system. In order to demonstrate that the dilatation was not due to an alternating pressure and rest of the blood, M. Schiff adduces the fact of their dependence upon the nervous system. If, according to this observer, the cervical portion of the spinal cord be destroyed the arterial movement ceases, while, if only one-half of the cervical cord be mutilated, motion also ceases, but only in the arteries of the corresponding ear. This experiment I have not performed.

The same author states that when the sympathetic is divided in the neck, the rhythmical motion of the artery of the ear of the same side, ceases. Farther, he regards this as the first instance of such direct dependence of rythmical movements upon the cerebro-spinal centre, and what renders it the more remarkable is, the circumstance that here, as in the case of the iris, the sympathetic is the medium of communication, and the muscles thus subjected to the control of the spinal cord are of the non-striated variety, belonging to apparatus of organic life. From a repetition of these experiments of Schiff, I have obtained different results.

True, indeed, it is, that during the first day after the division of the cord, or the avulsion of the superior cervical sympathetic ganglion, which is followed by considerable dilatation of the vessels, it is nearly or quite impossible to detect any rhythmical motion in the artery of the ear, of the same side; the simple cardiac pulsation alone being felt. But when, as on the next and the succeeding days, the

vessel has regained its usual calibre, the rhythmical motion becomes again at least as conspicuous as in the opposite ear. Furthermore, in two or three cases, the number of pulsations exceeded that of the ear of the opposite side, in the proportion of at least 2 to 1. These facts merit consideration. In opposition to the opinion of Schiff, a further analogy is here exhibited between the searterial rhythmical movements and those of other organs, as to a certain extent, the latter are known to be independent of the nervous system. Two very distinct movements, according to Schiff, one of dilatation, by which a kind of suction is produced; the other of contraction by which the contents of the vessel are propelled forward. These movements proceed from the base of the ear towards its apex; the second movement or contraction being followed by a considerable interval of rest. These observations of Schiff give additional force to the proofs before derived from experiments on the sympathetic, in support of contractility of the arteries of the hare's ear. Their combined results furnish an incontrovertible demonstration of the fact; yet, as a closer study, so to speak, the contractility of arteries may not be deemed devoid of interest. I have made direct researches on these vesssels.

M. Brown Sequard, Schiff and perhaps others have preceded me in this mode of investigation. In a memoir entitled, "*Experiments to prove that a simple afflux of blood to the head may be followed by the same results as a division of the sympathetic.*" Brown Sequard says: "The contractility of the vessels of the hare's ear is extreme; they present a very manifest contraction after having been somewhat strongly compressed. Even with the larger veins of the ear, this experiment succeeds very well." This latter proposition I will hereafter consider. M. Schiff, on the other hand, says. "If the ear be compressed with too much force as with the nails of the thumb and finger, the circular fibres of the arteries are irritated and contract strongly, and remain constricted during the dilatation of the rest of the artery. Experiments upon the contractility of these vessels should be made when they are replete with blood, and when the rhythmical contractility is suspended. This condition may be readily obtained by exciting the animal for some minutes, either by electro-galvanism or by some other mode, or a diastolic condition of the vessels may be obtained by simple percussion upon the summit of the ear, of sufficient length to ensure very clear and reliable results.

If we apply the two poles of the electro-magnetic machine at a short distance from each other along the course of the artery, the results obtained are always doubtful. To make the artery contract,

it is necessary to compress it strongly, and rub it between the finger and thumb-nail for a few times; or better still, to pass any sharp point briskly along the course of the artery once or twice, without wounding the skin. At the instant of the passage of the instrument, the artery becomes empty, and then again recovers its former calibre immediately. Soon its points are seen to approach gradually, and in less than a minute the vessel becomes completely closed; the contraction being limited to the part operated upon. It remains in this condition for a variable period, about two minutes, then slowly dilates again, and sometimes appears to acquire greater diameter than before the experiment.

When the same experiment is tried upon the veins, the contraction is seen to take place very slowly, and at some points it is scarcely appreciable.

The experiment may be varied so as to render the result still more striking. The artery may be made to contract near the base of the ear, and when the calibre is closed, it may be excited to contraction near the apex, leaving an interval, in which the artery remains the normal diameter, and is full of blood at rest until the vessel regains its calibre and the circulation is restored. In the non-contracted part of the artery, no rhythmical motion can be seen.

The same result is obtained when the smaller arteries and veins are operated upon, but with this difference, that the contraction of the veins becomes relatively, as well as positively more active as their calibre diminishes; the energy of contraction in those of the smallest size being about equal to that of the arteries of equal diameter.

After having repeated these experiments several times upon hares that had been subjected to no other operation, I performed them upon hares in which the cervical sympathetic had been divided, and whether a day or a month had elapsed since the section of the nerve, the result was always the same as in the previous experiments. Even after the complete removal of the superior cervical ganglion, I have seen the same contraction of the vessels occur. It is well known, that among other consequences of these operations, the vessels of the ear of the same side become turgid with blood; the temperature of the part is considerably elevated, and its sensibility is somewhat augmented. Soon after the operation, the median artery of the ear throughout nearly its whole length, presents a decided increase of its pulsation. When the lower part is made to contract, the pulsations cease in the superior until the current is again restored by the dilatation of the contracted portion. Another consequence of the contraction is

the depression of the temperature of the part. In one case, the temperature of the apix of the ear before the experiment was 36° cent. After it, the temperature fell to 33° cent. This refrigeration, produced as the direct result of the contraction of the artery, and not of the irritation of the sympathetic, furnishes conclusive evidence that the elevation of the temperature is due to the dilatation of the vessels. We must again remark that the experiment succeeds after the removal of all the cervical ganglia. I at first supposed that the contraction was due to a reflex action, and as it occurred also after the section of the cervical cord, the superior cervical ganglion was believed to be the source of the reflex influence. But this hypothesis must also be abandoned. The contraction is then of a purely local character, consequent upon calling into play the muscular irritability of the vascular parietes.

In order to remove all doubt whether the phenomenon might not be due to the contraction of the skin of the ear, the vessels were completely denuded and exposed to the contact of the air, the artery contracted to complete obliteration of its calibre; brisk percussion of the apex of ear was followed by dilatation, a soft point was lightly passed over the artery and local and total effacement of the vessel took place; irritation of the vein was followed by no contraction at all comparable with that of the artery. Such are the principal facts that may be observed in the vessels of the hares ear. The application of cold also excites the action of the vessels, the contraction which ensues is slight, but the subsequent dilatation is strongly marked and long continued. Such energetic contractility of these vessels should render experimentalists very cautious what conclusions they deduce from the action of various solutions upon them, since constriction of their parietes and complete effacement of their calibre follow their application. It also furnishes an explication of the rapid transition from a state of hyperæmia to one of extreme pallor, from an elevated to a low temperature, consequent upon certain external or internal conditions in which the animal may be placed.

I should have attempted to apply these facts to pathology if the most important of them had not already been proposed by J. Paget. He has instituted experiments similar to mine upon the vessels of the wing of the bat, and has shown their application to the explanation of congestion, of inflammation, of secondary hemorrhages, and the arrest of hemorrhage from small vessels, &c. He has also shown that the veins of the wing of the bat are as contractile as the arteries.

As above stated, Wharton Jones has also shown that they are endowed with a rhythmical contractility.

In the work before cited, Schiff has indicated the influence of excitation of the sensitive nerves upon the rapidity and duration of the diastolic expansion of the artery.

"If the sensitive nerves are divided it is the central and not the peripheral extremity that when irritated is capable of producing these phenomena." It is evidently then due to reflex action. I have ascertained that, which confirms the statement of Schiff, when the superior cervical ganglion is removed, the effect of irritation of the ear is rendered almost nothing.

In a hare thus conditioned, the day of the operation and subsequent days, I have strongly percussed the ear more than 40 times without producing more than a slight dilatation of the vessels, while 4 or 5 strokes upon the ear of the side in which the sympathetic was intact, was followed by great vascular turgescence and marked elevation of temperature. This fact appears the more remarkable when compared with another fact before stated, to wit: the persistence of the rhythmical contractions after the section of the sympathetic and the removal of the superior cervical ganglion.

In the course of these researches, I have had occasion to notice a fact which had previously struck C. Bernard, and which is indicated in his memoir on the sympathetic, viz: "In making a section of the filament of sympathetic, he states, which lies near the carotid, I have always observed that artery considerably contracted immediately after the operation." This contraction seems to be due to the irritation of the artery during the operation on the sympathetic. I have produced a similar effect upon the carotid, by simply denuding the artery without lesion of the nerve. In another case, I simply denuded the artery and irritated it with the point of a needle several times; a series of contractions and dilatations followed, at the point of irritation. The carotid of the hare is then endowed with decided contractility.

Ovariotomy.—Dr. Fries reported to the Cincinnati Medical Society a case of ovarian tumour in which he had made the small incision through the abdominal parietes, tapped and then withdrew the sac. The woman was rapidly convalescing.—*Western Lancet.*

ON THE SUCKLING AND FEEDING OF INFANTS.

Dr. Kuttner, of Dresden, presents the following aphorisms as the fruits of his practical observation:

1. A knowledge of and attention to their proper nourishment, is a fundamental necessity for the successful treatment of sick children. He who will cure them, must, before all things, know how to feed them. 2. Articles of diet must often serve as medicine, and medicine be used in place of food. 3. The mother's breast is the best food for the infant; and only when an absence of milk, or the condition of the mother's health, renders suckling impossible, should the substitution of a nurse receive medical sanction. 4. In the choice of a nurse we cannot be too careful and suspicious; but the most careful examination may prove defective, unless we can ascertain the condition of her own child. 5. Nurses sometimes conceal their deficiency of milk with much cunning. The continuous, spontaneous issue of milk is by no means a sign of actual abundance, but far oftener of an atonic state of the milk ducts and nipples. 6. When an infant does not thrive upon a breast, but is thirsty, constipated, and restless, the nurse, whatever the condition of the secretion of her milk may be, must be changed without hesitation. 7. Let the change be made at once, for all delay is injurious to the child. 8. A nurse's milk should entirely suffice for the child; but when the mother's milk does not do so, it should be made up, not by food, but by other milk—it being a popular error that the two milks do not agree. 9. It is not rare to find, in nurses having apparently abundance of milk, that this undergoes, on their first arrival, a considerable diminution. Regret at leaving their own child and home, different mode of life, and the irritation of the gland by the suckling, are the causes of this inconvenience, which ceases, if we wait quietly and encourage the woman. 10. The only test of the goodness of a nurse is the condition of the child. The state of its stools testifies to the quality of the milk, and the amount of the urine to the quantity. 11. Except during the first few days, suckling every two hours is most suitable; for a too frequent and a too seldom application to the breast are alike injurious to the condition of the milk. For the sake of rest, a pause of five or six hours should be secured at night. 12. The appearance of the menses while suckling, if not accompanied by an abiding diminution of the milk, is not hurtful to the infant. 13. Suckling from a suppurating breast is not without danger both for the infant and the nurse. 14. The period for ceasing suckling, or for combining feeding with it, cannot always be determined beforehand. Neither the age of the child nor the presence of a certain number of teeth can alone determine this. Of not less importance are the state of the health and development of the infant, and its longing for other food, accompanied, as this sometimes is, with a remarkable indifference to the breast itself. The time of year, the condition of the nurse, and especially of the secretion of milk, have also to be taken into consideration. 15. The widespread opinion that cow's milk is more suitable in the spring, owing to the character

of its food, is without foundation, as the milk is often then purgative; while in the autumn it often undergoes an advantageous chemical change. 16. Gradual weaning, when possible, should always be preferred. 17. When suckling is impossible, cow's milk offers the best substitute. 18. The artificial feeding of children, properly managed, does not lead to such unfavorable results as usually supposed; but it is more troublesome, and often more expensive than a nurse. Children so brought up may appear, during the first six or nine months, more imperfectly nourished than sucklings; but after that period, they regain their size, and no difference can be detected between them. 19. It is always a great advantage for children who are to be brought up by hand, if they can be suckled during the first weeks, if even only partially. 20. We cannot lay down any absolute rules for artificial feeding, which requires adaptation to individual cases. The thriving of the child, the condition of its bowels, and its quietude or restlessness must be our guides. 21. The chemical analysis of milk shows especially that this secretion is liable to great individual quantitative and qualitative varieties, dependent upon a great variety of circumstances. Hence, the remarkable differences found in the examinations of milk made by different chemists, and the difficulty in constructing a scale of the various kinds, according to the amount of their constituent parts. 22. Every addition to cow's milk should have for its object the rendering it more similar to human milk, and, consequently more digestible. 23 and 24. Much importance is not to be attached to always obtaining the milk from the same cow, or to the cow being fed on dry food (hay, etc.) 25. The morning's milk is preferable, not only because it is fresher, but because it contains notably less fat and casein. 26. Warming the milk when it cannot be given just after milking is desirable; for it otherwise gives rise to flatulence, diarrhœa, or constipation, or at all events to a most offensive smell of the evacuations, which at once disappears when the milk is given boiled. During the boiling, a caseous membrane is formed, which, protecting the milk from the access of the air, causes it to keep better. 27. Skimmed milk is not suitable for infants.—Cow's milk does not contain much more fat than human, and the quantity is easily diminished by dilution. Skim milk is not only too poor in fat, but it is too old; for, having stood so long to yield its cream, it has undergone certain chemical changes. As a general rule, it is an error to forbid children fat, butter, etc., in their diet, as we thus prohibit an important article of nutrition, that appears essentially to contribute to the assimilation of albumen and its modifications. Both substances are found in the maternal milk, the fat being more abundant the shorter the time that has elapsed since delivery. Fat is also an important medicinal agent in diseases, such as scrofula and rickets, indicative of a defective nutrive process. 28. Cow's milk in general contains very little more solid constituents than human milk, and the dilution usually made is not theoretically justifiable; and, at all events, this should never be carried so far that the child takes only one-half milk. Cow's milk is not rendered indigestible by the absolute amount of solid constituents, but either by their chemical

condition or their proportions to each other being different, neither of which conditions is influenced by dilution. Not only does too great dilution deprive the child of nutriment, but it renders the milk more indigestible, for the author's experiments have shown, the more diluted the milk the more firm does its coagulum become. He has seen may children thrive well when fed from their birth upon undiluted milk, and especially when they could drink it fresh; and if given diluted at all, not more than a fourth, or at most a third of water should be added, to be left off after some months. 29. Among all the differences between cow's and human milk, the proportion of caseum is the most important, for not only is this more abundant, but it coagulates, with more difficulty. While that of human milk coagulates into a loose, flocculent jelly, the caseum of cow's milk hardens into large firm lumps, which are with difficulty soluble, easily disturb digestion, and are often found unchanged in the stools. This alone constitutes the difficulty in nourishing infants upon cow's milk, and is also forms the best test for ascertaining the digestion of the milk. To remove this by coagulation, and feed the infants upon the whey would be to deprive the milk of some of its most precious constituents. Our object must be to render the coagulum as little firm as possible. Dilution only renders it more so, while the addition of half a teaspoonful of pulv. acaciæ to each cup of milk exerts a very good effect, the coagulum then taking in the appearance of a loose jelly. Such milk is well borne, and the undigested lumps of caseum are no longer found in the better-colored stools. 30. Human milk is sweeter, and the addition of sugar to cow's milk is the more required the more diluted this is used. Sugar of milk is most to be preferred, although it sweetens less. Its sweetening power is, however, increased by the addition of a minute quantity of salt. 31. Addition of salts to cow's milk is unnecessary, as these are already more abundant than in human milk. In order to prevent acidification of the milk, and especially in summer, it is desirable to add a little chalk before boiling the milk, or, in the case of constipation, magnesia. Cow's milk requires as little assistance from other articles of diet as does the human milk. When the development of the child is sufficiently advanced, and especially if several teeth have appeared, vegetable nutriment may be added, as biscuit, or roll, and, later, gruel. These substances should be well soaked in water or weak broth, and a little salt, not sugar added as a condiment. 33. If the sucking infant is the subject of diarrhœa, we must not all at once alter its food, but rather change the diet of the nurse, or if necessary employ another. When the employment of cow's milk with farinaceous or gummy substances cannot be borne, and an exhausting diarrhœa continues, we should substitute raw yolk of egg in a decoction of grits.—*Am. Journ. of Medical Science.*

Death takes place sometimes from asphyxia, sometimes from syncope.

COLOR BLINDNESS.

This is a name given by Dr. Wilson, Regius Professor of Technology in the University of Edinburgh, to a remarkable defect of vision of which our readers must have met with numerous instances. Before proceeding to give Dr. Wilson's results, as stated in his recent publication, we may mention a case or two coming within our own knowledge.

Some years since, in one of our rural districts of our state, there resided a gentleman who had a very dim perception of the distinction of colors. All the light hues, he was in the habit of calling *red*; to all the darker tints he gave the name *blue*. In his own neighborhood, his peculiarity was so well known, that people were able, in some measure, to understand his very remarkable expressions. But on one occasion, a valuable dark bay horse of his, happened to stray away. He pursued him for some distance, and excited no little amusement and wonder in the country towns, by inquiring if any one had seen a *blue* horse wandering in that vicinity.

Another instance occurs to us of a little boy, who came running to his mother in a state of great excitement, desiring her to come out to the garden to see a "beautiful red rose." The mother, not aware of having any rose in bloom at the time, went with her son, and was surprised to find his delight occasioned by a full blown yellow marigold.

The eminent chemist, Dalton, was the first who called public attention to his peculiarity, by describing it as it occurred in his own person. Not much attention was paid to it until Dr. Wilson took the matter in hand and made it a subject of serious study. He advertised in the London Athenæum for facts, and in this way obtained from the sufferers themselves accurate accounts of this curious malady. He has classified the cases under three general heads:

1. Inability to distinguish between the minor shades of composite colors, such as browns, grays and neutral tints.

2. Inability to distinguish between the primary colors, red, blue and yellow, or between the secondary and tertiary colors, such as green, purple, orange and brown.

3. Inability to discern any color, properly so called, so that black and white (i. e. light and shade) are the only variations of tint perceived.

The first form is very common, the second cannot be called rare, while the third is but seldom met with. Dr. Wilson has not observed a case. That which comes nearest to it, is that of the physician to whom all colors were alike by day, but who could detect their differences by artificial light.

It is remarkable how long persons may remain in ignorance of this defect. Dr. Wilson gives an example of a journeyman taylor, who gained such a reputation as a cutter and fitter that he was promoted to the station of foreman in the shop. His color-blindness was then soon detected since he was obliged to match cloth for the journeymen. On one occasion he provided a scarlet livery with green strings, and

on another informed a customer that a red and blue striped cloth was all blue.

The examination of this defect cannot be considered a mere scientific announcement. It has some most important practical results. A steersman, for example, may imperil the lives of the crew and passengers by reason of this imperfection. For example, the British admiralty directs that all British steamers must show "between sunset and sunrise, a *white* light on the foremast head, a *green* light on the port side and a *red* light on the port side." Now if a steamer lie across the bows of another vessel, it is evident that the color of the lights turned towards him, constitutes the sole guide to the steersman whether he is to go to starboard or to larboard. Should he mistake the color, he must run the steamer down, or should she be in motion, may run the risk of being struck by the bows, when he thinks he is going astern of her.

The same risk exists in regard to railway signals at night. These are usually colored lights, one tint signifying safety and another danger. The color-blind engineer who should mistake the hue of the signal light, might dash his train to pieces and sacrifice many lives. It is therefore essential that these companies should see to the state of the perceptions of the men in their employ, or else should adopt some signal of form or motion, to avoid the errors attendant upon color. The Baltimore and Ohio Railroad company station men along the heavy grades of the Cheat river region. These men are furnished with lights. Should every thing be in proper order, they keep the lanterns stationary. Should there be danger, they move them up and down. The arrangement is as simple as that of the colors and no risk is incurred.

As for the cause of this disease, Dr. Wilson has discovered that it is usually congenital. When acquired, it often depends upon derangement of the liver or stomach and passes off on the disappearance of the primary disease. It has been known to depend upon concussion of the brain combined with long continued cerebral excitement.—*Am. Journ. of Dental Science.*

ON THE GENERAL USE OF CHLOROFORM.

BY DR. M'LEOD.

In the Medical and Surgical Society of London, (May, 1857,) Dr. M'Leod read the following paper on the general use of chloroform:

The author began by remarking on the necessity for all surgeons on making up their minds upon this important subject, and investigating the question in all its bearings. He propose to run rapidly over the different points of practical moment presented by a consideration of anæsthesia; and to submit the question as clearly as possible before the society, with a view of eliciting from its members an expression of their opinion on the subject. Dr. M'Leod referred at the outset to

the experiments of Mr. Nunnely and Dr. Simpson, instituted for the purpose of determining the relative value of different anæsthetics, and stated his intention of confining his observations in what followed to chloroform, as being the only anæsthetic of practical value. He then reviewed the different hypotheses which had been started to explain the physiological action of anæsthetics when inhaled, and gave his adhesion to that view which ascribed it to absorption into the blood, and its being thereby carried to the nervous centres. The fact that both the chloroform and the ether can be detected in the flesh and blood for a considerable period after they have been inhaled, the author thought, went a considerable way to support that view. Dr. M'Leod then dwelt on the modes in which anæsthetics, when inhaled, might cause death. He showed that in those cases which had ended fatally, as well as in experiments conducted on animals to determine the question, the most constant appearances were these: 1. A highly congested state of the pulmonary tissues. 2. An engorged state of the right side of the heart, and an empty state of the left; in other cases, a flaccid condition of the whole organ. 3. A congested state of the brain. These, with an altered condition of the blood itself, seemed to be attributable to the drug. Death, then, had been ascribed to—first, asphyxia, caused according to some, by the arrest of the chemical changes carried on in the lungs; and, according to others by the capillary vessels of the lungs; second, to coma, caused by the action of the vapor in the nervous centres; and third, to syncope, caused either through the various centres, or from the overaction of the blood in the heart itself. From a careful consideration of the fatal causes, death, the author thought, was sometimes due to one of these modes, and sometimes to another, and at times to two or more of them combined. He showed that all arose from the employment of the vapor too little diluted with atmospheric air, and were to be avoided by carefully guarding against such an error in the administration. Dr. M'Leod next alluded to the fallacy of allowing theoretical notions, as to what parts of the nervous system are at any particular period of the administration being implicated, or as to how many drops are necessary to produce such and such effects, to interfere in the practical employment of anæsthetics. Such attempts only withdraw the mind from the real points of importance, and lead to erroneous practice. He contended that all apparatus was not only uncalled for, but absolutely injurious, as tending to frighten the patient, and prevent the escape of the expired breath. He said it mattered not whether we measured the amount of the liquid the patient had inhaled or not, so long as we are guided by effects. The propriety of keeping the patient from food for some hours previous to the administration of the anæsthetic, the necessity for quiet during the administration, and of allowing a free circulation of pure air around the patient, were dwelt upon, and great weight was put on the recumbent position being assumed in all cases during the exhibition. The removal of all constrictions of dress about the neck and chest was insisted on, as well as the necessity of observing the temperature of the apartment, as Dr. Snow had shown how great a differ-

ence existed in the amount of vapor set free at different elevations of temperature. The advantages of bringing the patient rapidly under the influence of the drug, while a large amount of atmospheric air was at the same time admitted, was pointed out, and the author proceeded to show that the discrepancy of opinion as to the "*upholding effects*" of chloroform arose from the degree of action established; that, if not carried beyond a certain point, the effect was certainly of a supporting character; and that the depression spoken of by observers was the result of a larger amount of vapor being administered than was justifiable. The respiration was shown to be the great guide in the administration of chloroform. The eye, too, being upturned and fixed, afforded no information as to the establishment of the action, but neither the pulse nor the pupil communicated anything. The propriety of observing the color of the lips and countenance, and also the flow of blood from the cut vessels, was declared to be of consequence as affording indications of the approach of syncope. The author stated his conviction that age, sex, diathesis, idiosyncrasy, were matters of indifference in administering chloroform, if we are guided by effects. Having referred to the combined use of chloroform and ether, the author went on to speak of the proper steps to be taken in the event of an overdose. As the chief danger was seen to rise from the use of the vapor in a state of too great density, or from its accumulation in the system, the great remedy was shown to be the free admission of pure air, and the employment of artificial respiration, if the patient was too deeply affected to work off the over-charge by his own exertions. The wonderful manner in which the respiratory movements may be excited by galvanism was then referred to. The method of raising the epiglottis by the finger, or by drawing forward the tongue, as recommended by M. Regneult, was strongly advocated, and the assistance obtained in producing the desired result by dashing cold water on the face and chest noticed. If the danger arose from syncope, the propriety of applying stimulants to the nostrils, and using them by the rectum, or the direct stimulation of the heart by needles, or the actual cautery, were pointed, out. The method of inverting the patint, recommended by M. Nelaton in such cases, was also detailed. No fluids should be given by the mouth for some time, till the patient had become conscious.

The author summed up this part of the subject by recommending in all cases the admission of a stream of fresh air, the drawing forward of the tongue, and the application of cold water, to the face and chest. If death appeared to approach by syncope, stimulate the heart by one of the ways mentioned, and depress the upper part of the body. If by coma, or asphyxia, use artificial respiration produced by the hands, or electricity. The use of anæsthesia in the practice of medicine was then shortly reviewed, and shown to be chiefly attended with benefit in relieving pain, however arising. Its employment in many diseases, implying lesions of sensation and motion, was dwelt on, together with its use in cases of mental affections. In the paroxysms of many spasmodic and neuralgic affections, it was shown to be

invaluable. Surgery, however, was declared to be the real province of anæsthesia, and that in which its benefits were more gratefully recognized. The advantages accruing to both the surgeon and patient, were pointed out, and the cases in which it was employed were stated to be reducible to those in which pain or spasm were to be allayed. Dr. M'Leod emphatically denies that there was anything in gun shot wounds which made the use of anæsthesia in these less beneficial than in the same accidents of civil life, and he contended that the pain and suffering in these cases were very great, so much more the necessity existed for its use. He stated his conviction that the mental state of the patients, who were the recipients of these two species of injuries made no real difference in this question. Shock and pain are the most frightful causes of a fatal issue both in primary and secondary operation; and as these two evils were avoided by the employment of anæsthesia, we should naturally expect to find that the mortality succeeding capital operations had decreased since the use of anæsthesia had become general, and this the author would presently show was the fact. In the examination, adjustment, and dressing of the injuries, in the employment of instruments to cure disease, in the reduction of Hernia, and dislocations, and, in short, in all those instances in which the surgeon's interference caused pain, or in which it was desirable to prevent any muscular opposition on the patient, the use of anæsthesia was shown to be invaluable. Its use in tetanus during the war was spoken of, and the fact stated that in one well marked case at least its continued use had been followed by recovery. Dr. M'Leod thought that in the General Hospital its use had been, beyond all question, successful, and he did not agree with Mr. Monat, who read a paper on the subject, at a former meeting, that in the cases there or elsewhere it could be fairly said to have produced any disagreeable consequences. The very few cases in which it had been said to have given rise to unpleasant or fatal effects contrasted strongly with the multitude in which it had been successful, in which it had obviated pain and saved life. The writer next glanced at the various objections which had at various times been made to the use of anæsthesia, and showed how false both theory and practice had proved them to be. He also alluded to the many operations which were now practicable and hopeful, which, before the discovery of anæsthesia, were unattainable. To military surgeons, the detection of feigned disease was a matter of simplicity, and many of the questions which divided them in opinion were now much changed in their bearings. All objections to primary amputations were now set aside and the doctrine of "making the knife follow the ball," had received a new and important support. The writer expressed his strong conviction that shock was not established till some time (the direction being different in different injuries, and persons) after the receipt of an injury, as by a ball, and he felt sanguine that an operation under chloroform performed in this interval, would obviate much of the succeeding shock, by removimg its cause. He was sorry that during the last seige, which was so manifestly favorable for testing this, so few attempts had been made to carry it out.

In conclusion, the author having stated his opinion that no case absolutely forbade the use of chloroform, referred to those in which its administration should be carefully watched. Operations on the back of the mouth, from the danger of blood getting into the throat; cases of severe hemorrhage, or lung suppuration from the activity of the absorption; acute disease of the lungs from the irritation caused; disease of the heart, particularly in active dilation, with weakening of the organ, on account of the fear of fatal syncope; aneurismal disease of the aorta or marked apoplectic diathesis; and cases in which fatty degeneration may be suspected. These seem to comprise all those cases in which extra caution was necessary. That care should be taken that the agent employed should be pure was insisted on, and the tests to determine the presence of adulterations were stated. Dr. M'Leod next gave the statistics furnished by Mr. Skey, Dr's Simpson and Snow, and MM. Velpeau and Bouisseau, as affording a large amount of evidence in favor of chloroform in surgery, as not only proving its beneficial influence in relieving pain, but indirectly saving human life; and he stated that while, during the past war, it had been administered in innumerable instances, only one death had followed its use; and in that case the patient was not placed in the recumbent posture. While expressing his own belief that, if administered with proper caution, chloroform, might, with perfect safety, be employed in all those cases which fall to the care of the military surgeon, in which it is desirable to overcome pain or spasm, or muscular exertion, the author called on the members of the society to give a clear and decided verdict on this important subject, founded on the experience of this great war, which would forever put this question at rest, and remove all doubts as to their appreciation of the immense benefits bestowed on humanity by anæsthetics.

Dr. Blenkins understood the author to say, that one fatal case had taken place, whereas he believed more had occurred. He felt very much obliged to Dr. M'Leod for a highly interesting paper, and considered the author had gone most fully into his subject. He (Dr. Blenkins) trusted that each individual would give his experience of the use of chloroform, without any view to opposition, but for the benefit of all. In his practice, chloroform had been just as successful in the Crimea, in severe operation, as at home; and he quite agreed with the author, that there is no difference in the effects of accidents in civil and military life; he had not seen any ill effects in any one of his cases. He did not regard chloroform as a drug to be treated with carelessness and indifference, but with great care; we should watch the pulse and respiration. Objections should not be made to its use in easy operations without a fatal termination. He remembered one case, that of an old soldier, where the patient was a very long time before he perfectly recovered; but this was owing to the length of time it took to get him under the influence of the drug; and this, again, was accounted for by his addiction to strong drinks. The theory of its action would occupy too much time for him to enter upon now. He expressed his conviction that chloroform acts through the blood and looked on it as a remedy requiring vigilance

in its use. He had operated fifteen times under its influence, besides having given it in tetanus, fits, &c. He believed it to act as a stimulus, and to raise the pulse when low. On one occasion he was obliged to remove the head of the femur at night, with only one assistant, and he believed it almost impossible to have done so without the aid of chloroform. In conclusion, he begged to state that all his observations agreed with those of the author.

Dr. Sall considered that the society was much indebted to Dr. M'Leod for the very valuable and lucid paper which he had just read; and as we are not confined to-day to the dicussion of chloroform in cases of gunshot wounds, he begged to state that he had used it with the most marked success in cases of delirium tremens, and he had found it a more beneficial mode of treatment than the stimulo-narcotic plan. He then alluded to the case of a youth in a band of the 93d Regiment, who, after suffering much distress of mind, from disappointment, relapsed into a state resembling hysteria, accompanied by a complete cataleptic condition, in which he remained for twelve hours. In this case a variety of stimulating plans of treatment were tried without success, but under the anæsthetic use of chloroform the boy quite recovered. He considered that in the administration of chloroform there were two things necessary to be borne in mind—the purity of the drug, and the correct mode of administering it. He (Dr. Sall) had never witnessed an unfortunate result from its use.

Dr. Bowen had never heard a more practical paper, and he agreed entirely in the views of the author. He had seen anæsthetic agents used for the last six years, and had given them himself between 2000 and 3000 times. He considered that the best mode of administration was by means of a napkin, as now stated by Dr. M'Leod. As regarding the purity of the drug, he was only surprised that more accidents had not happened from its frequent impurity. He had detected both free chlorine and pure muriatic acid in different samples furnished twelve months since to the Military Hospital at Plymouth. It had been given by himself for fourteen hours to one woman; and Professor Simpson, in a case of convulsion in an infant, had given 100 ounces within a period of two weeks, with most beneficial results. He had been informed by the Russians, that, throughout the siege, chloroform had been used with only one or two fatal results, which was not surprising under the circumstances: it appeared that their mode of administering it was the same as that now recommended.

Mr. Howard considered that in delirium tremens it was invaluable; by its means, he had procured sleep, when opium could no longer be given with safety, and after every other means had absolutely failed. —*Lancet, Oct.—N. O. Medical and Surgical Journal.*

☞ Dr. Tyler Smith states that, in England and Wales, about 3,000 mothers die in child-bed, annually.

IODINE INJECTIONS IN THE TREATMENT OF OVARIAN DROPSY.

Prof. Simpson, in a recent discussion at the Medico-Chirurgical Society of Edingburgh (Dec. 17, 1856,) stated that, "He had now employed these injections in twenty or thirty cases, with varying results. In the first operation, the first, he supposed, in which it had been used in Great Britain, the tumor is still present, but, never has again increased to any great size. Sometimes the injection in his hands had proved quite successful. Lately, he saw two patients on whom he had operated three years ago. In one of these cases, a young person of twenty or twenty-two, who had been once or twice tapped before, the dropsical tumor was of very great size, and the patient's health and strength were rapidly breaking down when the iodine injection was had recourse to. There has been no return of the dropsy, and the patient is now quite well and strong. He lately saw an elderly patient, upon whom he had operated about the same time, with a similar successful, and apparently permanent result. In other cases, the iodine injection had been completely or partially successful—partially in several, inasmuch as it had obliterated the largest cyst in the multilocular tumor, but had not prevented the remaining smaller cysts from growing and developing. In some, on the other hand, it had so far entirely, failed, that the cyst, operated on and injected, had again refilled; but perhaps, as a general rule, not so rapidly as when no injection was used. The failures were, in special instances, perhaps traceable to the iodine being too much diluted by the fluid left in the cyst; to the quantity of iodine used being too small, or too weak; to care not being taken to bring it in contact with the whole interior of the cyst, and other possibly avoidable causes. No doubt it was a valuable means in some cases, especially where the dropsy was principally limited to one or two large cysts developing simultaneously. The iodine injection was seldom attended with much pain, or with any severe local or constitutional irritation. Out of the twenty or thirty cases in which he had injected ovarian cysts with iodine, in only one instance had death subsequently occurred, namely, in a patient to whom he was called by Dr. Monroe, of Dundee. The dropsical distention of the abdomen in this patient was, before tapping, greater, he believed, than he had ever before witnessed, and the iodine injection was used at the first tapping. Was the fatal result attributable to the tapping or the injection? He had now used the iodine injection so often, without any marked local suffering or constitutional reaction, that he was inclined to doubt if the iodine were in any degree blameable; while he had so frequently seen danger and death follow first tappings, and where nothing but tapping was used, that he believed the result was to be ascribed to the paracentesis, and not to the injection."—*Edinburgh Med. Jour., Feb.*, 1857.—*Am. Jour. of Med. Sciences.*

EDITORIAL AND BOOK NOTICES.

THE MEETING OF THE AMERICAN MEDICAL ASSOCIATION AT NASHVILLE.—The late meeting of this body at Nashville, the proceedings of which will be found in our present number, was not a large one, but the proceedings were animated, and for the most part harmonious, and no indications were manifested of a diminished interest on the part of the profession throughout the country, in its existence and success. The diminished numbers in attendence is readily accounted for by the difficulty of access of the place of meeting, especially to those of the North; and by the less perfect organization of the profession in the South.

The Cumberland River, which is the great thoroughfare to Nashville from the North, is of uncertain navigation at this season of the year, and those "excellent stage coaches" which were praised so highly two years ago at the meeting in Philadelphia, proved not particulary attractive. We found the difficulty of reaching there, not actually as great as we feared, but uncertainty is more repulsive than well known obstacles, however great, but which may nevertheless be met and overcome! Those who took the precaution to start in good season, experienced but little embarassment, while some who were a little tardy in starting, were detained on the way; and a few arrived after the meeting had adjourned.

The meetings were held as is stated in the report of the proceedings in the State Capitol building, the use of which was offered the Association by a resolution of the Legislature. This is a magnificent structure, built of materials belonging entirely to Tennessee, and the Representative Hall with its galleries and side committee rooms, was admirably adapted to the wants of the body.

During our stay in Nashville, the profession of that city, and the citizens generally, manifested their characteristic hospitality, and exerted themselves with remarkable success to make every circumstance as agreeable as possible. The most tasteful and delightful social entertainments were given at the residences of Drs. Eve, Jennings and Shelby, and R. C. Foster, Esq. At all these evening parties, ladies were present—a feature inaugurated last year at Detroit; and it is needless to say how much pleasure was thereby added to the occasion. The presence of ladies always, every where, multiplies all the proper and rational enjoyments of social reunions, and it would indeed be difficult to estimate the pleasure afforded by

such an array of youth, beauty, intelligence and good taste, as Nashville affords. The young men were evidently in ecstacies, and those who were even venerable, seemed to have their youth renewed.

On Thursday evening, the citizens gave a magnificent ball and supper at the Capitol in "Honor of the Delegates to the Association." Though at the meeting held at St. Louis, a resolution unanimously passed the Association that, thereafter it should be considered out of order to furnish expensive entertainments for the Association, yet that action could only bind members of the body, and the citizens claimed full liberty of action. Some persisted in regarding it as an evasion of the rule, but the attractions were of such a character that we heard of none who carried their opposition to such an extremity as to absent themselves from the place. Some three thousand persons were present, and twelve or fifteen hundred more brilliant ladies could not be assembled in many much larger places than Nashville. How some of the young delegates could find it in their hearts to leave the next morning, is more than we can understand. Perhaps it was a safer course—their patients may have needed them at home.

As professed devotees of science, we have been inclined to be jealous of the increasing social element in these annual gatherings; but the cultivation of social feelings and amenities between those from different portions of our great confederacy has its uses—a value perhaps, beyond ready estimation; and however much interested in our noble science, or however much devoted to our Godlike calling, we do not, and should not, cease to be men. It is to be hoped, however, that the example of the citizens of Nashville, as their action was unprecedented and spontaneous, will not be regarded as in any sense binding in the future.

Besides for these more public entertainments, we are deeply indebted to a large number of the profession and other citizens of Nashville for numerous personal attentions and private hospitalities. It may be regarded as invidious to name a few individuals where so many deserve our thanks, but we cannot refrain from mentioning our most companionable and excellent friend, Dr. Boling, of the Nashville Medical Journal, and Medical College, (one of the best journals, and most successful medical schools of the country;) Dr. Lindsley, of the same school, and Chancellor of the University of Nashville; Dr. Curry, of the Southern Journal of Medicine and Science; Dr. Cowell; Dr. Hoyt, and J. M. Hill, Esq.

Under the roof of Dr. Hoyt, two of our number (editorial) were most comfortably and agreeably entertained, while in the excellent

family of Mr. Hill, another was not less assiduously, kindly and agreeably provided for. To all of these, and not the least to Dr. Cotwell, we were indebted for visits to the public institutions, and more interesting localities of the city, and neighborhood; and we are confident that the recollection of their kindness, as well as that of others, will never be effaced from our memories or our hearts.

All our recollections of Nashville and of the meeting there, are, and will be, of the most agreeable character; and the many social relations we so rapidly formed and so briefly enjoyed, it would give us great pleasure to continue or renew. Should the Association ever again meet in that hospitable city, "may we be there to see."

The next meeting at Washington will doubtless be a large one. And now, after this holiday—for another year of work! By this relaxation from our ordinary toil, and by meeting with many of our co-laborers, our strength has been renewed and our zeal reanimated. With clearer heads, and stronger hearts, and steadier purposes, may we pursue our onward course.

A. B. P.

☞ We are gratified to learn that several of the late graduates of the Medical Department of the University of Michigan, not satisfied with the mere possession of their Diplomas, as we hope none are, however difficultly obtained and honorably won, have remained, some to repeat, and others to take their first course, in Analytical Chemistry in the Laborratory, and also to give particular attention to some branches of the Natural Sciences in the Department of Sciences and Arts. Those taking such a course manifest a spirit which, if indulged, will enable them to occupy high positions in the profession and in community. The gentlemen named to us as pursuing this course are Drs. Lilly, Geo. B. Wilson, Hand, Ford, and Hipolite, and we can but commend them for it to the favorable notice of all.

We have a personal acquaintance with all these men. What is to be the probable location of Drs. Lilly, Ford and Hipolite, we are not informed; but wherever they are, as they deserve success, we shall expect to hear that it attends them.

Dr. Hand has returned to his home in Mississippi, where we hope his many excellent qualities will be appreciated and rewarded.

Dr. Wilson expects to locate in our own State and be fully identified with the profession here. And we shall expect that his talents, his industry and his love of Science—evidences of which have been heretofore given—will place him in a prominent position among us.

To Subscribers.—The present number closes volume 6, and many of our subscribers are in arrears. Some for one volume, and others for two and three volumes. Two dollars seems, and is, but a small sum, but when a hundred of these two dollar accounts remain unpaid they make quite an item to the publishers of any journal, and especially to a Medical one. With the July No., the first No. of Vol. 7, we shall send bills to all, with the amounts due and hope they may be settled as soon as possible; in the meantime, we will be happy to receive from all who will forward their past dues.

☞ Those in want of Medical Works, see Raymond & Selleck's advertisement. A great variety of recent works are for sale by them.

The Physician's Pocket Dose and Symptom Book, containing the doses and uses of all the principal articles of the Materia Medica and chief official preparations, &c., &c., by Joseph H. Wythes, A. M., M. D., Author of the "Microscopist," &c., &c. *2d edition.* Philadelphia: Lindsay & Blakiston, 1857.

We cannot see anything in the above work to recommend it to the truly intelligent physician. Thompson's Conspectus abridged one half would contain even then much more than this. We seriously question the propriety of condensing such valuable material in so small a compass, and believe that students should be so thoroughly taught as to need no such works. We have enough to contend against without the ranks, not to strive with those who have to carry a *vade mecum* or pocket remembrancer, in order to be certain that they prescribe a proper dose and proper medicines for the symptoms the case may present. Had the author informed us in his preface that it was to extend the area of superficiality, we think he would have more clearly stated the consequences of his labor.

All of the above works are for sale by Raymond & Selleck, of Detroit.

Fourteenth Annual Report of the State of the Asylum for the Relief of Persons Deprived of the Use of their Reason, by J. H. Worthington, M. D. Philadelphia.

Like everything which emanates from this Christian Society, composed of the "Friends" in Philadelphia, this report is characterized by simplicity, the conservatism derived from true wisdom, and that philanthropic spirit, which contents itself with well-doing, regardless of the praises of men

AN ESSAY ON THE RELATION OF BILIOUS AND YELLOW FEVER, by RICHARD D. ARNOLD, M. D., Professor of Theory and Practice in Savannah Medical College.

This is an interesting, though brief essay, setting forth the views of the writer on the distinctness in character of these affections; and on the origin of both in domestic causes. Both these questions are of great practical importance, and are ably discussed by the author.

VALEDICTORY ADDRESS TO THE CLASS OF GRADUATES OF THE MISSOURI MEDICAL COLLEGE, by E. S. FRAZER, M. D., Professor of Obstetrics, &c.

Like its author, plain, practical and full of good sense.

TRANSACTIONS OF MEDICAL SOCIETY OF THE STATE OF NEW YORK, Transmitted to the Legislature, February 1857.

Containing the excellent address of the late President, Professor March, and of Dr. Willard, of the Albany Medical Society, &c., &c.

CATALOGUE OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF NASHVILLE, WITH AN ADDRESS ON THE LIFE AND CHARACTER OF PROF. R. M. POTTER, by J. B. LINDSLEY, A. M., M. D.; CHANCELLOR OF THE UNIVERSITY, AND THE VALEDICTORY ADDRESS, by T. R. JENNINGS, M. D., Professor of Anatomy.

We have read with much interest the address of Dr. Lindsley. It is marked by the pure and classical taste of its author, and in every page gives evidence that the great and good qualities of his subject, find a faithful mirror in the bosom of his Biographer.

The valedictory we have not had time to peruse.

FIRST ANNIVERSARY OF THE WOMAN'S HOSPITAL, NEW YORK, 1856, CONTAINING THE ANNUAL REPORT OF THE BOARD OF MANAGERS, AND THE SHORT BUT ELEGANT ADDRESS OF DR. FRANCIS, THE PRESIDENT OF THE MEDICAL BOARD.

The historical reader needs not to be told, that Hospitals are the fruits, exclusively, of Christian benevolence. He may not, however, without having been made, by professional experience, to sympathize with suffering women, know that the establishment of the Woman's Hospital, in New York, is the crowning effort of scientific benevolence for the relief of human affliction.

This noble charity is the work of woman and nobly has she been aided by the professions and the wealth of that great city.

J. MARION SIMS, M. D., is the attending Surgeon.

MISCELLANEOUS.

☞ Here is something refreshing to see, a generous tribute to the services, and acknowledgment of the debt of gratitude owed to the family physician, so different from the experiences of flagrant ingratitude which are his daily portion, that we are tempted to copy it. It is taken from the *Advocate and Family Guardian*, published by the Executive Committee of the American Female Guardian Society, and edited by Mrs. SARAH R. I. BENNETT.—ED.

THE FAMILY PHYSICIAN.

Beautiful and benign is that Providential arrangement that "setteth man in families like a flock"—that dots the face of earth with those homes where cluster loving hearts and kindred faces, and from whence flow out the purest and holiest of human sympathies.

How is the whole frame-work of society dependent upon the influences and contributions of the family! The little rills that bubble up by ten thousand hearthstones, and from thence glide noiselessly abroad, are rills of influence whose power for good or evil no human arithmetic can compute. Individually, they may permeate the body social unrecognized. Collectively, they constitute those broad and sweeping rivers whose currents are irresistible, and which bear upon their bosom the barque of Church and State, freighted with all the most precious things of life.

Truly and nobly do they serve their generation who do aught to *educate* those sympathies and influences whose birthplace is Home, or who labor to direct them into those channels where they will most beautify and bless. They serve it *best* who do the *most* in this direction. Parents and teachers are not the only educators of the household. It throws out its tendrils and shoots forth its fibres in every direction, laying hold upon and appropriating for its nourishment and culture all the resources of society.

The Pastor, who appreciates the dignity and importance of the family institution, and who is thoughtful and earnest for the generous and perfected culture there, is a most potent educator. The Family Physician also *may be*, and frequently *is*, one of the educators of the household. What opportunities has he daily and hourly for scattering precious seed! What resources for acquiring and wielding an influence over mind are at his command! He who ministers to the domestic circle in the visitations of disease and bereavement, should be a personage of no inferior position and importance there. A Pastor's influence is often secondary to his. He is not only the dispenser of curative agents, but often *needs to be* of those moral influences which soothe when anguish rends the soul, or sustain when it is ready to sink in hopelessness and dismay. He is the one upon whom the timid lean in their weakness and fears—to whom the dying look and cling as the ebbing tide bears them from the shores of time; for whose footsteps the suffering and anxious watch, and whose changing

countenance or expressive demeanor are studied as if he were the oracle of fate.

Unquestioned, he has the *entree* to the inner sanctuary of the home, whatever aspect it wear. To him is the chamber of sickness and seclusion accessible when the footfall of the nearest friend is scarce permitted within its precincts. When a new life, with its wondrous mysteries, unfolds itself within the household circle, and they rejoice over it, and when death with *its* solemn mystery is a pale guest there, and they mourn in bitterness, *he* is *also* there. In the unrestrained raving of delirium—in the prostration and mental weakness disease brings in its train of evils—ivested of the guises we wear in health and before the world, do our characters lie open to the inspection of our Physician, and we are dependent upon his offices and his cares.

How important, then, that he be carefully and wisely selected. How many qualities beside professional skill are requisite to constitute such a Family Physician as every household needs! If any profession demands of its members every quality that ennobles and adorns *the man*, surely it is the medical profession.

Many families neither know how to select with discrimination their Physician, nor wisely to avail themselves of all that might profit them in the relationship. Delicacy and propriety, as well as many advantages, attend a *permanency* in the relations between a family and its medical atttendant. There is a lost of much that is valuable in a frequent and promiscuous change. He who watches over the health of a family group from the first buddings of infancy up to its maturity, *must* feel an interest and solitude for that group, which *he could not*, who is called in the emergency of to-day and dismissed, when it passes away, to-morrow. A familiarity with its idiosyncracy, and the yearly augmenting professional experience, will conduce to increasing safety and confidence in his practice in the sick room, while he who is for years identified with the family circle will give it that earnest thought, patient care, watchfulness, and sympathy, both in threatened and actual danger, which gold alone could not buy.

A thorough professional education is with most intelligent families an indispensable requisite in their medical adviser. If we are to have charlatans and ignoramuses in any profession, let it not be in this, to whose skill and care we commit, when it is disordered and suffering, this wonderful frame of our—this delicate mechanism to which is so mysteriously linked the immortal spirit.

Next in importance to professional skill in a Family Physician is, methinks, integrity of principle and genuine piety. Who so frequently as he has need to commit the dying and the bereaved to the tender mercies of the Great Physician, as he rings the knell of their earthly joys in the fearful, reluctant utterance—"No hope—he *must* die!"

A Physician should also be one competent to judge of the moral and mental conditions of his patients, and "to minister," if need be, "to the mind diseased." The *moral prescriptions* he makes—his firmness of nerve, his power of self possession, his talents for social

cheer, and the hope and courage he inspires—are frequently of more importance to a sufferer than any draft he may make upon the *Materia Medica.*

It may be that we should more frequently find the Family Physician cultivated in all those qualities that would make his intercourse with the home circle imposing, and as ready to impart information and an *educating influence* as he is to dispense his medicines, if we duly appreciated such qualities, and better understood the mutual obligations of the relation. There is sometimes a backwardness and grudgingness in meeting a Physician's pecuniary claims, which is embarrassing to him and discreditable to those for whom he labors. When sickness lays its hand upon us, and we writhe or faint under it—or when death stands waiting for its prey—we feel that if our Physician will spare no effort to save from the threatened danger, he may "ask of us what he will, even to the half of our kingdom," and it shall cheerfully be given him. But when the portentous cloud has passed from our sky, and our fears have vanished, we sometimes forget his watchings, anxieties, and services, and spend upon our own convenience or extravagancies what is rigtfully his.

Physicians as a class are far from a mercenary one. If there was with them no *necessity* in "the bread and butter of life," how many would gladly make their profession subservient only to the relief of suffering humanity and the advancement of science.

To those who most adorn the professsion there is accorded a nobler wealth, a purer and finer compensation than gold can proffer. Few comparativelely become wealthy as early in life as do those in other branches of business requiring equal education, talents and application. The charities of this profession in time, attention, and medicines to the sick poor far exceed those of any other class in community.

Like other men, the Physician has his susceptibilities to sympathy, and needs sometimes encouragement and appreciation. He needs co-operation with his services, forbearance with his mistakes, and the same charity for his foibles and faults that we feel we have a *right* to expect from him towards our own. Sometimes a Physician is dismissed for some slight mistake, some oversight or omission, which, from the very painfulness of his experience in consequence, he would be on double guard against ever after, and his place is supplied by one who, perhaps, falls into the same or more serious misjudgments, and in his turn is likewise dismissed. None are infalliable; therefore should the ill-timed and unnecessary criticism be suppressed with the same consideration we look for him towards the weaknesses and faults his position enables him to discern in our own domestic circles. Nor should we expect in him creative or omnipotent power; for when the fatal arrow is sped from the quiver of the Almighty, no human hand may stay it.

Like that of other mortals, the Physician's ear must sometimes weary of querulous tones, impatient complaint, and the continual minor key of the invalid's moan. The inmates of that home who, during a morning call from their Family Physician, impart to him of

those precious but intangible social influences which elevate, strenghen and cheer, many unwittingly transmit rays of sunshine and hopefulness through the whole round of his day's ministrations. Animal spirits will flag sometimes under constant drafts upon sympathy and patience, and the presence of anxiety and responsibility. Then do such influences do him "good like amedicine."

Irregular meals, loss of sleep, the driving blast or cheerless rain, and the chilly night air, are as repulsive to him as to other men. The mental quiet that takes possesion of the business man's mind when he feels that his *day's work is done* the physician can also appreciate, and it would be equally agreeable to him to feel that there was no liability to an interruption of the social chat; no call from the warm, attractive fireside; no necessity for relinquishing slippers and easy-chair, and the enjoyment of a new publication or converse with family or friends.

But if suffering humanity calls, the call is imperative. Personal comfort or social courtesy must be foregone at a moment's notice, and domestic attractions exchanged for the anxious and often repulsive services of the sick-room. Let that family, then, who enjoy the friendship and services of a physician whose qualifications meet their moral and physical needs; who is to them an acquisition, *a household blessing*, duly appreciate, love, honor, and sustain him. Let them remember him at the domestic altar, and in many a token and attention of social life, as they do their Pastor; and so regulate the intercourse of the relationship that there may be mutual advantages —reciprocal aids in learning how to live and in preparations for heath.

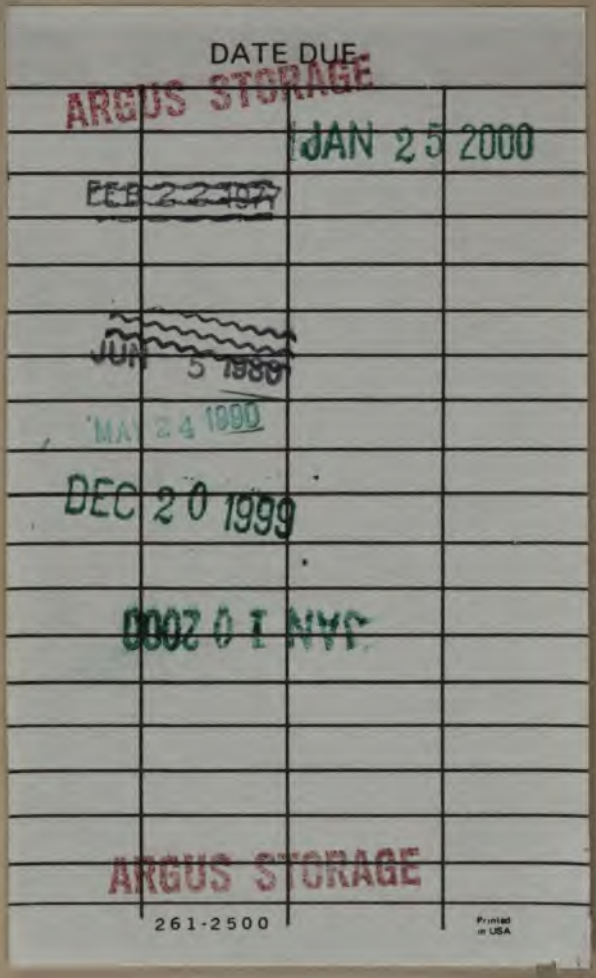
MELVA.

THE REV. DR. TYNG AND HOMŒOPATHY.—The Rev. Dr. Tyng, of N. Y., who we are sorry to learn is an avowed advocate of homœopathy, was invited by the faculty of the N. Y. College of Physicians and Surgeons to deliver the usual congratulatory address to the graduates on the occasion of their receiving their diplomas at the recent annual commencement. On learning this fact, the students of the college held a meeting and peremptorily refused to listen to any address from this gentleman, on the ground of his well-known homœopathic proclivities; whereupon, the arrangement was broken up.

The action of the faculty in selecting an avowed enemy of the profession to officiate on such an occasion, to say the least of it, was extraordinary; and, in our opinion, the course pursued by the class, under the circumstances, was right and proper. It is true, Dr. Tyng has the undoubted right to patronize homœopathy or any other absurdity; but then it is equally clear that the class had the right to decline receiving any advice at his hands, and we honor them for exercising this right.—*St. Louis Jour.*

The faculty could not have fully understood his position. We know these gentlemen, and men more free from sympathy with humbug in any of its forms do not exist. They will not be caught in this way again. [ED. PENINSULAR JOUR.]




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